

Form **1095-B**

**Health Coverage**

VOID  
 CORRECTED

OMB No. 1545-2252

**2022**

Department of the Treasury  
Internal Revenue Service

Do not attach to your tax return. Keep for your records.

Go to [www.irs.gov/Form1095B](http://www.irs.gov/Form1095B) for instructions and the latest information.

**Part I Responsible Individual**

1 Name of responsible individual—First name, middle name, last name KRISHNAMOHAN CHARUGUNDLA		2 Social security number (SSN) or other TIN *****5914	3 Date of birth (if SSN or other TIN is not available)
4 Street address (including apartment no.) 8700 MILLICENT WAY APT 1002	5 City or town SHREVEPORT	6 State or province LA	7 Country and ZIP or foreign postal code 71115
8 Enter letter identifying Origin of the Health Coverage (see instructions for codes): <input type="checkbox"/> A <input checked="" type="checkbox"/> B			

**Part II Information About Certain Employer-Sponsored Coverage (see instructions)**

10 Employer name STRATEGIC SYSTEMS INC			11 Employer identification number (EIN) *****5642
12 Street address (including room or suite no.) 475 METRO PL S STE 450	13 City or town DUBLIN	14 State or province OH	15 Country and ZIP or foreign postal code 43017

**Part III Issuer or Other Coverage Provider (see instructions)**

16 Name COMMUNITY INSURANCE COMPANY		17 Employer identification number (EIN) 31-1440175	18 Contact telephone number 1-(833)-639-1634
19 Street address (including room or suite no.) 120 VIRGINIA AVE	20 City or town INDIANAPOLIS	21 State or province IN	22 Country and ZIP or foreign postal code 46204-4903

**Part IV Covered Individuals (Enter the information for each covered individual.)**

(a) Name of covered individual(s) First name, middle initial, last name	(b) SSN or other TIN	(c) DOB (if SSN or other TIN is not available)	(d) Covered all 12 months	(e) Months of coverage												
				Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	
23 KRISHNAMOHAN CHARUGUNDLA	*****5914		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24 RAJANI CHARUGUNDLA	*****2715		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25 TANMAYI CHARUGUNDLA	*****2813		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26 GESHNA CHARUGUNDLA	*****2878		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>