

Form 1095-B

Department of the Treasury
Internal Revenue Service

Health Coverage

Do not attach to your tax return. Keep for your records.
Go to www.irs.gov/Form1095B for instructions and the latest information.

VOID

OMB No. 1545-2252

CORRECTED

2021

560118

20/20 9966279 211900

Part I Responsible Individual

1	Name of responsible individual-First name, middle name, last name PHANINDRA	2	Social security number (SSN or other TIN) ***-**-0646	3	Date of birth (If SSN or other TIN is not available)
4	Street address (including apartment no.) 1698 SCARBROUGH CIR SW	5	City or town KARI	6	State or province NC
		7	Country and ZIP or foreign postal code CONCORD	8	Reserved B

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

10	Employer name HALLMARK GLOBAL TECHNOLOGIES INC.	11	Employer identification number (EIN) 061616104
12	Street address (including room or suite no.) 200 MOTOR PARKWAY SUITE D 26	13	City or town HAUPPAUGE
		14	State or province NY
		15	Country and ZIP or foreign postal code 11788

Part III Issuer or Other Coverage Provider (see instructions)

16	Name CIGNA FEDERAL BENEFITS, INC.	17	Employer identification number (EIN) 621724116	18	Contact telephone number 1 855 334 7400
19	Street address (including room or suite no.) 900 COTTAGE GROVE ROAD	20	City or town BLOOMFIELD	21	State or province CT
		22	Country and ZIP or foreign postal code 06002		

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	PHANINDRA KARI	***-**-0646		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
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