

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

VOID

CORRECTED

OMB No. 1545-2252

**2021**

560118

20/20 539599 108200

**Part I Responsible Individual**

1 Name of responsible individual-First name, middle name, last name  
**ANURADHA** **SREEPADA**

2 Social security number (SSN or other TIN)  
**\*\*\*-\*\*-1534**

3 Date of birth (if SSN or other TIN is not available)

4 Street address (including apartment no.)  
**915 BLACKMORE DR**

5 City or town  
**DELAWARE**

6 State or province  
**OH**

7 Country and ZIP or foreign postal code  
**43015-7687**

8 Enter letter identifying Origin of the Health Coverage (see instructions for codes): . . . . . **B**

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

10 Employer name  
**ACCURAY, INC.**

11 Employer identification number (EIN)  
**208370041**

12 Street address (including room or suite no.)  
**1310 CHESAPEAKE TERRACE**

13 City or town  
**SUNNYSVALE**

14 State or province  
**CA**

15 Country and ZIP or foreign postal code  
**94089**

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

16 Name  
**CIGNA HEALTH AND LIFE INSURANCE CO.**

17 Employer identification number (EIN)  
**591031071**

18 Contact telephone number  
**8553107345**

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  
**06152**

**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	ANURADHA SREEPADA	***-**-1534		<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
24	ANANTHACH ARY RUDROJU	***-**-9948		<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25	SAI RUDROJU		12/14/2007	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26					<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"/>	<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"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>