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

☐ CORRECTED

OMB. No. 1545-2252

2021

TRACKING #: 4753102T1

Part I Responsible Individual

1 Name of responsible individual- First name, middle name, last name		2 Social security number (SSN) or other TIN	3 Date of birth (if SSN or other TIN is not available)
KIRANMAI CHEMUDUPATI		XXX-XX-8361	
4 Street address (including apartment no.)	**5 City or town**	**6 State or province**	**7 Country and ZIP or foreign postal code**
5190 CRITERION WAY	DUBLIN	OH	US 43016

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

9 Reserved

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

10 Employer name			11 Employer identification number (EIN)
WINSTEL CONTROLS			XX-XXX9001
12 Street address (including room or suite no.)	**13 City or town**	**14 State or province**	**15 Country and ZIP or foreign postal code**
10126 TRANSPORTATION WAY	WEST CHESTER	OH	US 45246

Part III Issuer or Other Coverage Provider (see instructions)

16 Name		17 Employer identification number (EIN)	18 Contact telephone number
HUMANA INC		61-0647538	502-580-4470
19 Street address (including room or suite no.)	**20 City or town**	**21 State or province**	**22 Country and ZIP or foreign postal code**
PO BOX 14750	LEXINGTON	KY	US 40512

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	KIRANMAI CHEMUDUPATI	XXX-XX-8361		☐	☐	☐	☐	☐	☐	☐	☐	☐	X	X	X	X
24				☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
25				☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
26				☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
27				☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
28				☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐