

VOID  
CORRECTED

2022

# Health Coverage

Form 1095-B

Department of the Treasury  
Internal Revenue Service

Do not attach to your tax return. Keep for your records.  
Go to [www.irs.gov/Form 1095B](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  
SUDHEER GARIKAPATI

2 Social security number (SSN) or other TIN  
XXX-XX-4320

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

4 Street address (including apartment no.)  
10 COTTAGE ST

5 City or town  
MANVILLE

6 State or province  
RI

7 Country and ZIP or foreign postal code  
US 02838

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  
NATIXIS INVESTMENT MANAGERS, LLC

11 Employer identification number (EIN)  
XX-XXX8261

12 Street address (including room or suite no.)  
888 BOYLSTON ST  
SUITE 800

13 City or town  
BOSTON

14 State or province  
MA

15 Country and ZIP or foreign postal code  
US 02199

16 Name  
BLUE CROSS AND BLUE SHIELD OF MASS  
HMO BLUE INC.

17 Employer identification number (EIN)  
04-3362283

18 Contact telephone number  
888-407-5719

19 Street address (including room or suite no.)  
101 HUNTINGTON AVENUE, SUITE 1300

20 City or town  
BOSTON

21 State or province  
MA

22 Country and ZIP or foreign postal code  
US 02199-7611

## 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 SUDHEER GARIKAPATI	XXX-XX-4320		<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 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"/>
24 PRIYANKA ALAPATI	XXX-XX-4902		<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 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"/>
25 AARYANSH GARIKAPATI	XXX-XX-6543		<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 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"/>
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"/>