

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

2022

OMB No. 1545-2252

5L011B

20/20 151601 995450 4515894 810600

Part I Responsible Individual

1 Name of responsible individual-First name, middle name, last name
KIRAN KUMAR | **PAKALA**

2 Social security number (SSN or other TIN)
*****-**-5578**

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

4 Street address (including apartment no.)
**48 S ARCADIAN CIRCLE
APT 202**

5 City or town
MEMPHIS

6 State or province
TN

7 Country and ZIP or foreign postal code
38103-6920

9 Reserved

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

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

10 Employer name
GSS INFOTECH CT INC.

11 Employer identification number (EIN)
061432821

12 Street address (including room or suite no.)
**2050 BRUNSWICK PLAZA1
STATE HIGHWAY 27 SUITE 201**

13 City or town
NORTH BRUNSWICK

14 State or province
NJ

15 Country and ZIP or foreign postal code
08902

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	KIRAN KUMAR	***-**-5578		<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"/>		
24	MOUNIKA	***-**-9529		<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"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
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