

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

2022

560118

Part I Responsible Individual

1 Name of responsible individual-First name, middle name, last name SRI RAGHU RAM		2 Social security number (SSN or other TIN) VATRAM		3 Date of birth (if SSN or other TIN is not available) ***-**-3720	
4 Street address (including apartment no.) 8025 OHIO DR APT 2210		5 City or town PLANO	6 State or province TX	7 Country and ZIP or foreign postal code TX 75024-2300	
		9 Reserved			

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

10 Employer name IQUEST SOLUTIONS CORP	11 Employer identification number (EIN) 680598685
12 Street address (including room or suite no.) 6860 DALLAS PKWY 200	15 Country and ZIP or foreign postal code PLANO TX 750244242
13 City or town PLANO	14 State or province TX

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	SRI RAGHU RAM	VATRAM	***-**-3720	<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"/>
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For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

Cat. No. 60704B

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