

Health Coverage

VOID

Department of the Treasury
Internal Revenue Service

Do not attach to your tax return. Keep for your records.
Go to www.irs.gov/Form1095B for instructions and the latest information.

CORRECTED

2022

Part I Responsible Individual

1 Name of responsible individual - First name, middle name, last name ARUNKUMAR KANUGULA		2 Social security number (SSN) or other TIN XXX-XX-9880	3 Date of birth (if SSN or other TIN is not available)
4 Street address (including apartment no.) 64 BARBARA LN	5 City or town HUDSON	6 State or province NH	7 Country and ZIP or foreign postal code US 03051
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 NORTHEAST RETIREMENT SERVICES			11 Employer identification number (EIN) XX-XXX6260
12 Street address (including room or suite no.) 12 GILL ST SUITE 2600	13 City or town WOBURN	14 State or province MA	15 Country and ZIP or foreign postal code US 01801

Part III Issuer or Other Coverage Provider (see instructions)

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	ARUNKUMAR KANUGULA	XXX-XX-9880		<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"/>
24	DIVYA NADIGOTI	XXX-XX-5703		<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"/>
25	ARUSHI KANUGULA	XXX-XX-0127		<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"/>
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"/>
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"/>
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"/>

