

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

560118

OMB No. 1545-2252

2022

Part I Responsible Individual

TRACKING #: 10160240T2

1 Name of responsible individual- First name, middle name, last name MANAV PATEL		2 Social security number (SSN) or other TIN XXX-XX-6412	3 Date of birth (if SSN or other TIN is not available)
4 Street address (including apartment no.) 4710 W 163RD ST	5 City or town LAWNDALE	6 State or province CA	7 Country and ZIP or foreign postal code US 90260-2821
8 Enter letter identifying Origin of the Health Coverage (see instructions for codes): B			

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

10 Employer name CANOO TECHNOLOGIES INC.		11 Employer identification number (EIN) XX-XXX5874	
12 Street address (including room or suite no.) 15520 TEXAS 114, SUITE 2C	13 City or town JUSTIN	14 State or province TX	15 Country and ZIP or foreign postal code US 76247

Part III Issuer or Other Coverage Provider (see instructions)

16 Name CALIFORNIA PHYSICIANS SERVICE DBA BLUE SHIELD OF CALIFORNIA		17 Employer identification number (EIN) 94-0360524	18 Contact telephone number 855-829-3566
19 Street address (including room or suite no.) 601 12TH STREET	20 City or town OAKLAND	21 State or province CA	22 Country and ZIP or foreign postal code US 94607

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 MANAV PATEL	XXX-XX-6412		<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"/>
24			<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"/>
25			<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"/>
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"/>
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"/>
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"/>