1095-B

Department of the Treasury Internal Revenue Service

Health Coverage

▶ Information about Form 1095-B and its separate instructions is at www.irs.gov/form1095b.

VOID

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CORRECTED

OMB No. 1545-2252 2022

Part Responsible Individual																
e of res				× 80	Social security	Social security nur	number (SSN)	(NS		ω	ate of bi	rth (if SS	N is not	Date of birth (if SSN is not available)	(e)	
4 Street address (including apartment no.) 147 ASHBY RD		5 City or town UPPER DARBY		ь st	State or p	State or province PA				7 0	ountry and ZIP USA 19082	nd ZIP or 9082	or foreign 3128	Country and ZIP or foreign postal code USA 19082 3128	ode	
8 Enter letter identifying Origin of the Policy (see instructions for codes): .	instructions for coo	les):	· ▼	9 8	mall Bu	siness h	Health C	ptions F	rogram	(SHOP)	Marketp	lace ider	uffier, If	Small Business Health Options Program (SHOP) Marketplace identifier, if applicable	le	
Part II Employer Sponsored Coverage (see instructions)	erage (see inst	ructions)														
10 Employer Name										=	Employ	er identif	ication r	Employer identification number (EIN)	EN)	
12 Street Address (Including room or suite no.)		13 City or town		74	State o	State or province	Ce			15	Country	and ZIF	or forei	Country and ZIP or foreign postal code	al code	
Part III Issuer or Other Coverage Provider (see instructions)	Provider (see i	nstructions)														
ne [F HUMAN SERV	/ICES		17	Employer ide 23-6003113	er ident	Hication	Employer identification number (EIN) 3-6003113	(EIN)	18	Contact telephone number (877)-617-9906	Contact telephone r (877)-617-9906	ne numb	ğ		
19 Street Address (Including room or suite no.)		20 City or town		21	State o	State or province	60			22	Country	and ZIP	or foreig	Country and ZIP or foreign postal code	code	
Box		Harrisburg	and indicate and		PA						60171					
COAGLER HIGHARDRAID (FIRST RICHIDITIONS) 100 00000 00000				1.1				(6)	(e) Months of coverage	s of cov	erage			Validation and the second		-
(a) Name of covered individual(s)	(b) SSN	not available)	all 12 months	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	1 1
23 PARAMJIT KAUR	XXX-XX-3331		\boxtimes													
24 DEVINDER MULTANI	XXX-XX-1470		\boxtimes													
25 SERBUTTAM MULTANI	XXX-XX-4229		\boxtimes													-
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For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.	ct Notice, see sepa	rate instructions.				CAL	at, No. 607048	8					76	orm 10%	Form 1093-65 (202	50

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