

Form **1095-B**

CORRECTED

**Health Coverage**

Department of the Treasury  
Internal Revenue Service

Do not attach to your tax return. Keep for your records.  
Go to [www.irs.gov/Form1095B](http://www.irs.gov/Form1095B) for instructions and the latest information.

VOID

CORRECTED

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OMB No. 1545-2252

**2022**

0161095B004A002-12597-04

**Part I Responsible Individual**

1 Name of responsible individual—First name, middle name, last name REVANTH		2 Social security number (SSN) or other TIN ***-**-5604	3 Date of birth (if SSN or other TIN is not available)
4 Street address (including apartment no.) 272 GILDER WOODS DRIVE		5 City or town GARNER	6 State or province NC
8 Enter letter identifying Origin of the Health Coverage (see instructions for codes) . . . . ▶ <input type="checkbox"/> B		9 Reserved	

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

10 Employer name ABAL TECHNOLOGIES INC		11 Employer identification number (EIN) 27-3306024	
12 Street address (including room or suite no.) 3525 QUAKERBRIDGE RD STE 1100		13 City or town HAMILTON	14 State or province NJ
16 Name UnitedHealthcare, Inc.		17 Employer identification number (EIN) 41-1922511	18 Contact telephone number 866-633-2446

**Part III Issuer or Other Coverage Provider (see instructions)**

19 Street address (including room or suite no.) 601 Brooker Creek Blvd		20 City or town Oldsmar	21 State or province FL	22 Country and ZIP or foreign postal code UNITED STATES 34677
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**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 REVANTH CHERUKU RI	***-**-5604		<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 RAMYASRI MANDEPU DI		05/08/1990	<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"/>
25 LAYA CHERUKU RI		12/01/2022	<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 checked="" type="checkbox"/>
26 IRA CHERUKU RI		10/06/2020	<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"/>

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

Cat. No. 60704B

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