

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.

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OMB No 1545-2252

2022

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Part I Responsible Individual

1 Name of responsible individual (First name, middle name, last name)
HEMANTH | **RUDRARAJU**

2 Social security number (SSN or other TIN)
*****-**-4260**

3 Date of birth (if SSN or other TIN is not available)

4 Street address (including apartment no.)
617 TAMARA CT

5 City or town
ORCUTT

6 State or province
CA

7 Country and ZIP or foreign postal code
93455-4863

9 Reserved

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

10 Employer name
KARE PARTNERS, LLC

11 Employer identification number (EIN)
843297846

12 Street address (including room or suite no.)
1009 N H ST

13 City or town
LOMPAC

14 State or province
CA

15 Country and ZIP or foreign postal code
93436

Part III Issuer or Other Coverage Provider (see instructions)

16 Name
CIGNA HEALTH AND LIFE INSURANCE CO.

17 Employer identification number (EIN)
591031071

18 Contact telephone number
8448832423

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
06152

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											
				Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
23	HEMANTH	RUDRARAJU	***-**-4260	<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"/>
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For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

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