

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

Part I Responsible Individual

1 Name of responsible individual- First name, middle name, last name BHUSHAN JAMISSETTI		2 Social security number (SSN) or other TIN XXX-XX-0517	3 Date of birth (if SSN or other TIN is not available)
4 Street address (including apartment no.) 9236 STREAM VIEW LANE	5 City or town LAUREL	6 State or province MD	7 Country and ZIP or foreign postal code US 20723
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 MindFinders, Inc.			11 Employer identification number (EIN) XX-XXX3447
12 Street address (including room or suite no.) 1200 18TH STREET NW, STE 650	13 City or town WASHINGTON	14 State or province DC	15 Country and ZIP or foreign postal code US 20036

Part III Issuer or Other Coverage Provider (see instructions)

16 Name CareFirst BlueChoice, Inc.		17 Employer identification number (EIN) 52-1358219	18 Contact telephone number
19 Street address (including room or suite no.) 840 First Street, NE	20 City or town Washington	21 State or province DC	22 Country and ZIP or foreign postal code US 20065

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 BHUSHAN JAMISSETTI	XXX-XX-0517		<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 JAYALAKSHMI JAMISSETTI		1967-07-13	<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			<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"/>