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 for instructions and the latest information.

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CORRECTED

OMB No. 1545-2252 911045

2022

3481095BR0096003-09028-02

Parti Responsible Individual	idual														
1 Name of responsible individual-First name, middle name, last name	e, middle name, last n	ame SALI			2 Social s	2 Social security number	umber (S	(SSN) or other TIN	er Tik	3 D	te of birth	(if SSN o	rother TIN	3 Date of birth (if SSN or other TIN is not available)	ailable)
Street address (including apartment no.) 965 E EL CAMINO REAL APT 631	o	City or town			6 State	State or province	8			UNIT C	7 Country and ZIP or fo UNITED STATES 94087	d ZIP or fo ES 94087	Country and ZIP or foreign postal code	tal code	
	-	SUNNYVALE				•									7
8 Enter letter identifying Origin of the Health Coverage (see instructions for codes):	Health Coverage (se	e instructions for codes):	•	8	9 Reserved	ă.									
Part Information about Certain Employer-Sponsored Coverage (see instructions)	Certain Employ	er-Sponsored Cov	erage (see ir	struct	ions)										
10 Employer name										41-13 11-13	11 Employer i 41-1321939	dentificati	11 Employer identification number (EIN) 41-1321939	r (EIN)	
UHG ADVANTAGE-ACTIVE				-											
12 Street address (including room or suite no.) 9900 BREN ROAD EAST		13 City or town MINNETONKA			MN State	State or province	nce			15 Cc 55343	Country ar	nd ZIP or	Country and ZIP or foreign postal code 343	stal code	
Part III Issuer or Other Coverage Provider (see instructions)	erage Provide	r (see instructions)													
16 Name PacifiCare Life and Health Insurance Company	ηγ				17 Employ 35-1137395	17 Employer identification number (EIN) 35-1137395	tification r	number (t	Ë	80 ±	18 Contact telephone number 800-624-8822	lephone r	number		
19 Street address (including room or suite no.) 601 Brooker Creek Blvd		20 City or town Oldsmar			21 State	State or province	8			UNIT 22	22 Country and ZIP or f UNITED STATES 34677	nd ZIP or ES 34677	Country and ZIP or foreign postal code ITED STATES 34677	stal code	
Part IV Covered Individuals (Enter the information for each covered individual.)	s (Enter the info	mation for each cov	ered individu	ıal.)				Ė							
(a) Name of covered individual(s)	(b) SSN or other TIN		(d) Covered				(e) I	Months o	(e) Months of coverage						
First name, middle initial, last name		IIIV IS IIVI AVAIIADIS)		Jan	Feb	Mar	Ą	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
23 OMKAR SALI	***_**-1887		×												
For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.	ction Act Notice, s	ee separate instruction:	,				Cat. No. 60704B	0704B					Form 10	Form 1095-B (2022)	(2022)
For Privacy Act and Paperwork Redu	בנוטוו אני וזטנוסט, י		•												