

Health Coverage

VOID

OMB No. 1545-2252

560118

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.

CORRECTED

2022

Part I Responsible Individual

1 Name of responsible individual—First name, middle name, last name OMKAR	SALI	2 Social security number (SSN) or other TIN ***-1887	3 Date of birth (if SSN or other TIN is not available)
4 Street address (including apartment no.) 965 E EL CAMINO REAL APT 631	5 City or town SUNNYVALE	6 State or province CA	7 Country and ZIP or foreign postal code UNITED STATES 94087

8 Enter letter identifying Origin of the Health Coverage (see instructions for codes): . . . . .  B

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

10 Employer name UHG ADVANTAGE-ACTIVE	11 Employer identification number (EIN) 41-1321939		
12 Street address (including room or suite no.) 9900 BREN ROAD EAST	13 City or town MINNETONKA	14 State or province MN	15 Country and ZIP or foreign postal code 55343

Part III Issuer or Other Coverage Provider (see instructions)

16 Name PacificCare Life and Health Insurance Company	17 Employer identification number (EIN) 35-1137395	18 Contact telephone number 800-624-8822	
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

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 <input checked="" type="checkbox"/>	(e) Months of coverage													
				Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec		
23 OMKAR	SALI	***-1887	<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"/>	<input type="checkbox"/>

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions. Cat. No. 60704B Form 1095-B (2022)

