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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.

☐ VOID
☐ CORRECTED

OMB. No. 1545-2252

2023

TRACKING #: 11621535T1

Part I Responsible Individual

1 Name of responsible individual - First name, middle name, last name		2 Social security number (SSN) or other TIN	3 Date of birth (if SSN or other TIN is not available)
SAI RAM VAKKALAGADDA		XXX-XX-0059	
4 Street address (including apartment no.)	**5 City or town**	**6 State or province**	**7 Country and ZIP or foreign postal code**
1000 BEETHOVEN CMN UNIT 306	FREMONT	CA	US 94538-4649
8 Enter letter identifying Origin of the Health Coverage (see instructions for codes): . . . . . ▶ D		9 Reserved	

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

10 Employer name			11 Employer identification number (EIN)
12 Street address (including room or suite no.)	**13 City or town**	**14 State or province**	**15 Country and ZIP or foreign postal code**

Part III Issuer or Other Coverage Provider (see instructions)

16 Name		17 Employer identification number (EIN)	18 Contact telephone number
CALIFORNIA PHYSICIANS SERVICE DBA BLUE SHIELD OF CALIFORNIA		94-0360524	888-256-3650
19 Street address (including room or suite no.)	**20 City or town**	**21 State or province**	**22 Country and ZIP or foreign postal code**
601 12TH STREET	OAKLAND	CA	US 94607

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	SAI RAM VAKKALAGADDA	XXX-XX-0059		☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	X	X
24				☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
25				☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
26				☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
27				☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
28				☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐