

Issuer or Other Coverage Provider (Part III: Lines 16-22)

4 Ever Life
2 Mid America Plaza
Suite 200
Oakbrook Terrace, IL 60181

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. ◀

Form 1095-B 2023

OMB No. 1545-2252 Department of the Treasury Internal Revenue Service

VOID

CORRECTED

Federal ID: 36-2149353

Telephone 630-472-7749

Employer Sponsored Coverage (Part II)

Responsible Individual/Policy Holder (Part I: Lines 1-9)

J20240202145113-11234-00001867

DIVYA SHRI KARANAM
13911 RUSSELL STREET
APT 126
OVERLAND PARK, KS 66223



¹⁰ Employer Name
SOFTCORP INTERNATIONAL INC

¹¹ Employer identification number (EIN)
38-3483735

¹² Street address (including room or suite no.)
2838 E. LONG LAKE RD., STE. 236

¹³ City or town
TROY

¹⁴ State or Province
MI

¹⁵ Country and ZIP or foreign postal code
48085

⁸ Policy Origin code
B

⁹ Reserved

² SSN or other TIN
***-**-9068

³ Date of Birth (If SSN or other TIN is not available)

Part IV

► Covered Individuals (Enter the information for each covered individual(s).) ◀

| (a) Name of covered individual(s) | (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 DIVYA SHRI KARANAM | ***-**-9068 | | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
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TAX FORM (1095-B) FOR HEALTH COVERAGE PROVIDED DURING 2023

Please find enclosed a copy of Form 1095-B, an Internal Revenue Service ("IRS") form. You are receiving this form because you were covered by either an employer provided insured group health plan, a qualified Student Health Insurance Plan, or a self-funded group health plan during calendar year 2023. This memo is for general information only and it is not intended to be, nor should it be construed to be, legal or tax advice. Accordingly, you should consult your own insurance or tax advisor for any questions regarding the Affordable Care Act ("ACA") and any Individual Mandates imposed by certain states.

The overview below is broken into two main sections: (I) overview of Internal Revenue Code § 6055 that governs this form; (II) summary of Form 1095-B. Section II is presented in a Q&A format.

I. OVERVIEW OF INTERNAL REVENUE CODE SECTION 6055

Code Section 6055 regulates the annual reporting requirements of the Affordable Care Act (ACA), requiring health insurance carriers and plan sponsors of self-funded group health plans to file annual information with the IRS, as well as provide covered individuals with a statement about their health coverage. The reporting is designed to assist the IRS in enforcing the Individual Mandate under the ACA. The reported information will allow individuals to establish, and for the IRS to verify, the months during the year that individuals satisfied the Individual Mandate by enrolling in minimum essential health coverage. Despite the fact the Individual Mandate penalty under the ACA has been reduced to zero, the Individual Mandate is still in place. Additionally, some states are enforcing their own Individual Mandates and may rely on the Form 1095-B for imposing the penalties related thereunder.

II. SUMMARY OF FORM 1095-B – Q&A

Q. Can you explain what Form 1095-B is and what information is included on it?

- A. Form 1095-B is entitled, "Health Coverage." This form is used to report what medical coverage was provided to you and your family during calendar year 2023. The form is comprised of four sections as follows:

Part I – This section provides information about you and the coverage. For example, if your employer provided insurance, Code B is entered on Line 8. Code G for Employer-sponsored coverage that is an individual coverage HRA.

Part II – This section will be completed by the insurance company if an insurance company provides your employer-sponsored health coverage. If the employer's coverage is self-insured, this section should not be completed.

Part III – This section reports information about the coverage provider (such as insurance company, employer, government agencies, etc.).

Part IV – This section reports each member of your family that is covered by your employer's health plan during calendar year 2023. A date of birth will be entered in column (c) if a Social Security Number is not entered in Column (b). Column (d) will be checked if the individual was covered for at least one day in every month of the year.

Q. What should I do with the Form 1095-B that I receive?

- A. You should keep this form for your records in case someone from the IRS questions the months that you had medical coverage in calendar year 2023. But for any month you were not covered, you may be eligible for credits and subsidies on the Marketplace. It depends on what coverage your employer offered you.

You do NOT need to include a copy of Form 1095-B with your tax returns.

Q. What should I do if information on my Form 1095-B seems incorrect?

- A. Although we are making every effort to provide accurate information to the IRS, there is still a chance that incorrect or outdated information may have been reported. Please contact your employer's Human Resources Department for issues or questions regarding your Form 1095-B. If there is a mistake on your form, it will be amended with the IRS, and a new, revised form will be mailed to you as soon as possible.

This summary is for general information only and it is not intended to be, legal or tax advice to any person; no opinion or representation with respect to the United States federal income tax consequences to any person is made. Accordingly, you should consult your own insurance or tax advisor about the health coverage consequences.

TO ENSURE COMPLIANCE WITH IRS CIRCULAR 230, YOU ARE HEREBY NOTIFIED THAT: (A) ANY DISCUSSION OF FEDERAL TAX ISSUES IN THIS SUMMARY IS NOT INTENDED OR WRITTEN TO BE RELIED UPON, AND CANNOT BE RELIED UPON BY YOU, FOR THE PURPOSE OF AVOIDING PENALTIES THAT MAY BE IMPOSED ON YOU UNDER THE INTERNAL REVENUE CODE; AND (B) YOU SHOULD SEEK ADVICE BASED ON YOUR PARTICULAR CIRCUMSTANCES FROM AN INDEPENDENT TAX ADVISOR.