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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**

## 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) |
|---|---|---|---|---|
| AMEYA | | PINGULKAR | ***-**-2868 | |

| 4 Street address (including apartment no.) | 5 City or town | 6 State or province | 7 Country and ZIP or foreign postal code |
|---|---|---|---|
| 3 RICHARDSON STREET<br>APARTMENT E6 | WAKEFIELD | MA | 01880-3370 |

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

9 Reserved

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

| 10 Employer name | 11 Employer identification number (EIN) |
|---|---|
| TRACELINK, INC. | 800451564 |

| 12 Street address (including room or suite no.) | 13 City or town | 14 State or province | 15 Country and ZIP or foreign postal code |
|---|---|---|---|
| 200 BALLARDVALE STREET<br>BUILDING #1, SUITE 100 | WILMINGTON | MA | 01887 |

## Part III Issuer or Other Coverage Provider (see instructions)

| 16 Name | 17 Employer identification number (EIN) | 18 Contact telephone number |
|---|---|---|
| CIGNA HEALTH AND LIFE INSURANCE CO. | 591031071 | 8553107345 |

| 19 Street address (including room or suite no.) | 20 City or town | 21 State or province | 22 Country and ZIP or foreign postal code |
|---|---|---|---|
| 900 COTTAGE GROVE ROAD | BLOOMFIELD | CT | 06152 |

## 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 | AMEYA | PINGULKAR | ***-**-2868 | | ☒ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
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