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Department of the Treasury Internal Revenue Service		Go to www.irs.gov/F	Go to www.irs.gov/Form1095B for instructions and the latest information.	tions and	the lat	est info	rmation					-				
Part I Responsib	Responsible Individual		Balliatti sutusii													
1 Name of responsible individual-First name, middle name, last name	idual-First name, middle r	name, last name			N	Social se	curity nur	nber (SSN	Social security number (SSN) or other TIN	TIN 3		birth (if S	SN or ot	ner TIN is	Date of birth (if SSN or other TIN is not available)	ble)
A Street address including anatment no	partment no.)	5	City or fown		50	State or pro	State or province			7		v and ZIF	or foreic	Country and ZIP or foreign postal code	apde	
	Shapkaran bealts		PERTH AMBOY			Z					08861					
Enter letter identifying Origin of the Health Coverage (see instructions for codes):	Origin of the Health Co	verage (see instructions	for codes):	в	9	Reserved	۵									
Part II Informatio	n About Certain	Information About Certain Employer-Sponsored Coverage (see instructions)	red Coverage (se	e instru	ctions	9			Table 1					10.500.000		
oyer		SECOND STATE	28-35-3 TO U/OV PE						1000	11	G 1	yer ident	ification i	Employer identification number (EIN)	N)	
-											*****1492	92				
12 Street address (including room or suite no.)	oom or suite no.)	13	City or town		14	State o	State or province			_	15 Coun	try and ZI	P or forei	Country and ZIP or foreign postal code	code	The section
1345 AVE OF THE AMERICAS 44TH FL	AS 44TH FL	The state of the s	NEW YORK		2	YN					10105					
Part III Issuer or C	Other Coverage F	Issuer or Other Coverage Provider (see instructions)	ictions)			4			×				150	1888	The Asset	and pro-
		E.			17	Employ	er identif	ication nu	Employer identification number (EIN)		18 Conta	Contact telephone number	one num	ber		
ANTHEM HEALTHCHOICE ASSURANCE, INC.	ASSURANCE, INC.				97	23-7391136	136			- 0	1-(844)-995-1736	995-1736				
19 Street address (including room or suite no.)	oom or suite no.)	20	City or town		21	0.11	State or province	0		N	22 Coun	try and ZI	P or fore	Country and ZIP or foreign postal code	code	
120 VIRGINIA AVE			INDIANAPOLIS		草	Z	1200	100	36	7.0	46204-4903	903	10 Sept.	14 P.H.	- Bullion	
Part IV Covered Individuals	ndividuals (Enter t	(Enter the information for each covered individual.)	each covered indi	vidual.)					200	The state of	10 10 10 10	30408	A GIST	1000	S Griff	80 F W.D.
(a) Name of covered individual(s) First name, middle initial, last name	d individual(s) nitial, last name	(b) SSN or other TIN	(c) DOB (if SSN or other (d) Covered TIN is not available) all 12 months	(d) Covered all 12 months	102				(e) Months	(e) Months of coverage	ge				
	AWASTHI	7,787			Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
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