

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

Part I Responsible Individual

TRACKING #: 4193943T2

1 Name of responsible individual - First name, middle name, last name

NUTAN BHATTIPROLU

2 Social security number (SSN) or other TIN

XXX-XX-8382

3 Date of birth (if SSN or other TIN is not available)

4 Street address (including apartment no.)

649 ROUTE 206 UNIT 1

5 City or town

HILLSBOROUGH

6 State or province

NJ

7 Country and ZIP or foreign postal code

US 08844-1520

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

GRAMENER INC

11 Employer identification number (EIN)

XX-XXX3335

12 Street address (including room or suite no.)

2 RESEARCH WAY

13 City or town

PRINCETON

14 State or province

NJ

15 Country and ZIP or foreign postal code

US 00000-8540

Part III Issuer or Other Coverage Provider (see instructions)

16 Name

HORIZON HEALTHCARE SERVICES INC

17 Employer identification number (EIN)

22-0999690

18 Contact telephone number

800-355-2583

19 Street address (including room or suite no.)

3 PENN PLAZA EAST
PP-09T

20 City or town

NEWARK

21 State or province

NJ

22 Country and ZIP or foreign postal code

US 07105-2200

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	NUTAN BHATTIPROLU	XXX-XX-8382		<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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
24	RAMYA GATTA	XXX-XX-8959		<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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
25	ATHARVA BHATTIPROLU		2022-06-12	<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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
26				<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"/>
27				<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"/>
28				<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"/>