

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.

Part I Responsible Individual

1 Name of responsible individual: First name, middle name, last name
LEKHYARAO MUMMAREDDY

2 Social security number (SSN) or other TIN
XXX-XX-4220

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

4 Street address (including apartment no.)
**70 CHISWICK RD
APT 15**

5 City or town
BOSTON

6 State or province
MA

7 Country and ZIP or foreign postal code
US 02135

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
WHOOOP INC

11 Employer identification number (EIN)
XX-XXX2359

12 Street address (including room or suite no.)
**1325 BOYLSTON ST
SUITE 401**

13 City or town
BOSTON

14 State or province
MA

15 Country and ZIP or foreign postal code
US 02215

Part III Issuer or Other Coverage Provider (see instructions)

16 Name
**BLUE CROSS AND BLUE SHIELD OF MASS
HMO BLUE INC.**

17 Employer identification number (EIN)
04-3362283

18 Contact telephone number
888-407-5719

19 Street address (including room or suite no.)
101 HUNTINGTON AVENUE, SUITE 1300

20 City or town
BOSTON

21 State or province
MA

22 Country and ZIP or foreign postal code
US 02199-7611

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 LEKHYARAO MUMMAREDDY	XXX-XX-4220		<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"/>	<input type="checkbox"/>
24			<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"/>	<input type="checkbox"/>
25			<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"/>	<input 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"/>	<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"/>	<input type="checkbox"/>
28 For	Act and	Act	see	Cat. No.												