

Health Coverage

VOID

OMB No. 1545-2252

Department of the Treasury
Internal Revenue Service

Do not attach to your tax return. Keep for your records.
Go to www.irs.gov/Form1095B for instructions and the latest information.

2023

Part I Responsible Individual

1 Name of responsible individual—First name, middle name, last name VIGNESH	SHANMUGA SUNDARAM	2 Social security number (SSN) or other TIN ***-**-1231	3 Date of birth (if SSN or other TIN is not available)
4 Street address (including apartment no.) 25627 TAYLOR CRESCENT DR	5 City or town CHANTILLY	6 State or province VA	7 Country and ZIP or foreign postal code UNITED STATES 20152
9 Reserved			

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

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

10 Employer name MINDPETAL SOFTWARE SOLUTIONS	11 Employer identification number (EIN) 20-5562072
12 Street address (including room or suite no.) 1604 SPRING HILL RD SUITE 100	14 State or province VA
13 City or town VIENNA	15 Country and ZIP or foreign postal code 22182

Part III Issuer or Other Coverage Provider (see instructions)

16 Name UnitedHealthcare, Inc.	17 Employer identification number (EIN) 41-1922511	18 Contact telephone number 800-357-0978
19 Street address (including room or suite no.) 3000 Bayport Drive Suite 1170	21 State or province FL	22 Country and ZIP or foreign postal code UNITED STATES 33607

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 VIGNESH SHANMUG A SUNDARA M	***-**-1231		<input checked="" 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"/>	<input type="checkbox"/>
24 RANJANI S	***-**-3872		<input checked="" 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"/>	<input type="checkbox"/>
25 INIYA S		09/03/2023	<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"/>	<input checked="" type="checkbox"/>
26 ELLAKIA S	***-**-5922		<input checked="" 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"/>	<input type="checkbox"/>
27 AKHILAN S	***-**-2283		<input checked="" 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"/>	<input type="checkbox"/>

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

Cat. No. 60704B

Form 1095-B (2023)

