

**Health Coverage**

▶ Do not attach to your tax return. Keep for your records.  
▶ Go to [www.irs.gov/Form1095B](http://www.irs.gov/Form1095B) for instructions and the latest information.

VOID

CORRECTED

OMB No. 1545-2252

**2023**

560116

**Part I Responsible Individual**

1 Name of responsible individual-First name, middle name, last name  
**CHANDISH** | **DUDEBANDA**

2 Social security number (SSN or other TIN)  
\*\*\*-\*\*-8093

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

4 Street address (including apartment no.)  
**1091 W OLIVE AVE**  
**APT 5**

5 City or town  
**SUNNYVALE**

6 State or province  
**CA**

7 Country and ZIP or foreign postal code  
**94086-7529**

9 Reserved

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

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

10 Employer name  
**BELL INFO SOLUTIONS, LLC**

11 Employer identification number (EIN)  
**273549638**

12 Street address (including room or suite no.)  
**3522 SILVERSIDE ROAD SUITE 30**

13 City or town  
**WILMINGTON**

14 State or province  
**DE**

15 Country and ZIP or foreign postal code  
**19810**

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

16 Name  
**CIGNA FEDERAL BENEFITS, INC.**

17 Employer identification number (EIN)  
**621724116**

18 Contact telephone number  
**1 855 334 7400**

19 Street address (including room or suite no.)  
**900 COTTAGE GROVE ROAD**

20 City or town  
**BLOOMFIELD**

21 State or province  
**CT**

22 Country and ZIP or foreign postal code  
**06002**

**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 CHANDISH A DUDEBANDA	***-**-8093		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<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"/>
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