VAFIRS02 COMB (7.7.7. 20240124B00 J347 20240112 052270 [7.7.7.5 Env [7.700] 2 of 3

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| | | | dividual |
|-------------------|-----------|--|----------|
| | | Go to www.irs.gov/Form1095B for instructions and the latest information. | |
| 20N3 | CORRECTED | Do not attach to your tax return. Keep for your records. | |
| | | mean coverage | |
| OMB No. 1545-2252 | Void | Health Coverage | |
| | | | |

| Department of the Treasury Internal Revenue Service | ? | Do not atta | Do not attach to your tax return. Keep for your records. | . Keep for | your re | cords. | | | | | CORRECTED | CTED | | 20 | 2023 | - |
|--|--|----------------------|--|------------------------------|---------|------------|-------------------|---|------------|-----------|--|--------------------------|----------------|--|------------|--------------------|
| Part I Responsible Individual | - CERT | O WWW. | or of the Manual Section of the Sect | onone and | 200 | 000 | The state of | 1 | | | | | - | - | | |
| e of n | First name, middle name, | last name | | | 2 | Social se | curity nu | Social security number (SSN) or other TIN | V) or othe | _ | 3 Date of birth (if SSN or other TIN is not available) | f birth (if | SSN or o | ther TIN i | s not avai | lable) |
| SWETHA | | | PAKA | | | **** 5781 | 181 | | | | | | | | | |
| 4 Street address (including apartment no.) | vent no.) | 5 | 5 City or town | | 6 | State or | State or province | | | | 7 Count | try and ZI | P or fore | Country and ZIP or foreign postal code | code | |
| 3750 ANDOVER STREET | | | CUMMING | | | GA | | | | | 30028 | | | | | |
| 8 Enter letter identifying Origin of the Health Coverage (see instructions for codes). | of the Health Coverag | e (see instructions | s for codes): | | 9 | Reserved | ۵ | | | | | | | | | |
| Part II Information A | Information About Certain Employer-Sponsored Coverage (see instructions) | loyer-Sponso | red Coverage (s | ee instru | ctions | | | | | | | | | | | |
| 10 Employer name | which is a second of the party of | | Planty Service Line | | | 1000 | | | | | 11 Empl | oyer iden | tification | Employer identification number (EIN) | EIN) | |
| MACY'S INC | WALL TEACHER STATE OF | | | | | | | | | | ***** 4058 | 380 | | | | |
| 12 Street address (including room or suite no.) | or suite no.) | 13 | 13 City or town | | 14 | State or | State or province | | 125 | | 15 Country and ZIP or foreign postal code | try and Z | IP or fore | ign posta | code | |
| 7 W 7TH STREET | A LEES OF THE PARTY A | | CINCINNATI | | | НО | | | | 100 | 45202 | | | が担ける | | |
| Part III Issuer or Othe | Issuer or Other Coverage Provider (see instructions) | der (see instru | ictions) | | 10000 | * 1300 m | Ser and | 19 | | Section 2 | Sel Cing | and Capa | S. 16. 16. 16. | | | Service of |
| 16 Name | | | | | 17 | Employ | er identifi | Employer identification number (EIN) | mber (EIN | | 18 Cont | Contact telephone number | one num | ber | 12. 15 | - |
| COMMUNITY INSURANCE COMPANY | IPANY | | | | Do | 31-1440175 | 175 | 7 | | | 1-(833)- | 1-(833)-649-0768 | | | | |
| 19 Street address (including room or suite no.) | or suite no.) | 20 | City or town | *** | 21 | State or | State or province | | | | 22 Coun | try and Z | IP or fore | Country and ZIP or foreign postal code | code | |
| 120 VIRGINIA AVE | AVE INDIANAPOLIS | | INDIANAPOLIS | | 10000 | Z | 100 | 1 | | - | 46204-4903 | 903 | Control of the | and the | THE SECOND | ARE CHET |
| First | vidual(s) (b | (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 | | | | 200 | (e |) Months | (e) Months of coverage | ge | 0.00 | 7.1 | 5 | |
| | | | | | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sen | 200 | Nov | Dec |
| SWETHA P. | PAKA | ***** 5781 | With M. Schools on I | | 9 | | 2 | | | | | i i | 000 | | | 0 |
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| For Privacy Act and Paperwork Reduction Act Notice, see separate instructions. | Reduction Act Notice | , see separate in | structions. | | | | Cat | Cat. No. 60704B | DAR | | | | | Form | 1095- | Form 1095-B (2023) |