

Form 1095-B

Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-2252

2023



Part I Responsible Individual

1 Name of responsible individual-First name, middle name, last name Niveditha Arvind		2 Social security number (SSN) or other TIN XXX-XX-0913		3 Date of birth (if SSN or other TIN is not available)	
4 Street address (including apartment no.) 4925 Starboard Cir 207		5 City or Town Mechanicsburg		6 State or province PA	
7 Country and ZIP or foreign postal code USA 17050		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 Benecard NVA		11 Employer identification number (EIN) 222998772	
12 Street address (including room or suite no.) 5040 Ritter Rd		13 City or Town Mechanicsburg	
14 State or province PA		15 Country and ZIP or foreign postal code USA 17055-4879	

Part III Issuer or Other Coverage Provider (see instructions)

16 Name Capital Blue Cross		17 Employer identification number (EIN) 230455154		18 Contact telephone number 1-800-962-2242	
19 Street address (including room or suite no.) 2500 Elmerton Ave		20 City or Town Harrisburg		21 State or province PA	
22 Country and ZIP or foreign postal code USA 17177					

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 Niveditha Arvind	XXX-XX-0913		<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)