

Department of the Treasury  
Internal Revenue Service

**Health Coverage**

VOID  
 CORRECTED

**2023**

OMB No. 1545-2252

56011B

**Part I Responsible Individual** ▶ 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.

1 Name of responsible individual—First name, middle name, last name  
AMITHA

2 Social security number (SSN) or other TIN  
\*\*\*-\*\*-0727

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

4 Street address (including apartment no.)  
60 WANDA COURT

5 City or town  
KENT

6 State or province  
OH

7 County and ZIP or foreign postal code  
UNITED STATES 44240

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  
SHAKLEE CORPORATION

11 Employer identification number (EIN)  
94-3389365

12 Street address (including room or suite no.)  
6920 KOLL CENTER PARKWAY SUITE 211

13 City or town  
PLEASANTON

14 State or province  
CA

15 County and ZIP or foreign postal code  
94566

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

16 Name  
UnitedHealthcare, Inc.

17 Employer identification number (EIN)  
41-1922511

18 Contact telephone number  
866-633-2446

19 Street address (including room or suite no.)  
3000 Bayport Drive Suite 1170

20 City or town  
Tampa

21 State or province  
FL

22 County 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 AMITHA	***-**-0727		<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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
24 KRISHNA PRADEEP KUMAR		01/25/1983	<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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
25 IVA	S	***-**-0978	<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"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

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

Cat. No. 60704B

Form **1095-B** (2023)

