560118

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		2 Social security number (SSN) or other TIN	3 Date of birth (if SSN or other TIN is not available)
CHAKRA PRAD	YEDIDA	XXX-XX-6202	
4 Street address (including apartment no.)	**5** City or town	**6** State or province	**7** Country and ZIP or foreign postal code
36175 GRAND RIVER AVE APT 101	FARMINGTON	MI	USA 48335-0000
8 Enter letter identifying Origin of the Health Coverage (see instructions for codes): . . . . D		**9** Reserved	

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

10 Employer name			11 Employer identification number (EIN)
12 Street address (including room or suite no.)	**13** City or town	**14** State or province	**15** Country and ZIP or foreign postal code

Part III Issuer or Other Coverage Provider (see instructions)

16 Name		17 Employer identification number (EIN)	18 Contact telephone number
HEALTH ALLIANCE PLAN OF MICHIGAN		38-2242827	(800) 422-4641
19 Street address (including room or suite no.)	**20** City or town	**21** State or province	**22** Country and ZIP or foreign postal code
1414 EAST MAPLE ROAD	TROY	MI	USA 48083-0000

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 CHAKRA PRAD		YEDIDA	XXX-XX-6202		X	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
24 SRAVYAMALA		CHELAMKURI	XXX-XX-1234		☐	X	X	X	X	X	X	X	X	☐	☐	☐	☐
25					☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
26					☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
27					☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
28					☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

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24 SRAVYAMALA		CHELAMKURI	XXX-XX-1234		☐	X	X	X	X	X	X	X	X	☐	☐	☐	☐
25					☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
26					☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
27					☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
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24	SRAVYAMALA		CHELAMKURI	XXX-XX-1234		☐	X	X	X	X	X	X	X	X	☐	☐	☐	☐
25						☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
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