1095-B

Department of the Treasury Internal Revenue Service

Health Coverage

▶ Go to www.irs.gov/Form1095B for instructions and the latest information. Do not attach to your tax return. Keep for your records.

□ VOID

OMB No. 1545-2252

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3521095BR0059003-04412-02

CORRECTED

Part I Responsible Individual	/idual			- 1000											
1 Name of responsible individual-First name, middle name, last name	ne, middle name, last name				2 Social security number (SSN) or other TIN	curity num	ber (SSN)	or other	NIL	3 Da	te of birth	(if SSN o	or other T	3 Date of birth (if SSN or other TIN is not available)	vailable)
OMKAR		SALI			***-**-1887					- 10					
4 Street address (including apartment no.) 1269 LAKESIDE DR APT 3100	5 SUI	5 City or town			6 State o	State or province				7 C	ountry an	d ZIP or f	oreign po	7 Country and ZIP or foreign postal code UNITED STATES 94085	
8 Enter letter identifying Origin of the Health Coverage (see instructions for codes):	Health Coverage (see ins	structions for codes): .	: •	B	9 Reserved										
Part II Information about	Information about Certain Employer-Sponsored Coverage (see instructions)	Sponsored Cove	rage (see	instruct	ions)										
10 Employer name					NAME OF THE OWNER,					11 E	11 Employer i	11 Employer identification number (EIN) 41-1321939	ion numb	er (EIN)	
ONG ADVANTAGE-ACTIVE															
12 Street address (including room or suite no.) 9900 BREN ROAD EAST	MINI	MINNETONKA			14 State MN	State or province	· ·			15 C	Country a	nd ZIP or	foreign p	15 Country and ZIP or foreign postal code 55343	O)
Part III Issuer or Other Co	Issuer or Other Coverage Provider (see instructions)	ee instructions)					3 1			98.0		5			
16 Name PacifiCare Life and Health Insurance Company	any				17 Employer identification number (EIN) 35-1137395	yer identific	ation num	ber (EIN)		18 C	18 Contact te 800-624-8822	Contact telephone number 624-8822	number		
19 Street address (including room or suite no.) 3000 Bayport Drive Suite 1170		20 City or town Tampa			21 State FL	State or province				UNITE C	ountry a	22 Country and ZIP or f UNITED STATES 33607	foreign p	22 Country and ZIP or foreign postal code UNITED STATES 33607	u
Part IV Covered Individuals (Enter the information for each covered individual.)	s (Enter the informa	tion for each cove	red individ	ual.)			et.			7					
(a) Name of covered individual(s) First name, middle initial, last name	(b) SSN or other TIN (d	(c) DOB (If SSN or other TIN is not available)	(d) Covered all 12 months	4 8			(e) Mon	(e) Months of coverage	verage						
	40			Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
23 OMKAR SALI	***.**-1887		×												
For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.	uction Act Notice, see s	eparate instructions.				Cat	Cat. No. 60704B	4B					Form 1	Form 1095-B (2023)	(2023)