

Health Coverage

2023

Department of the Treasury
Internal Revenue Service

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

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 CORRECTED

Part I Responsible Individual

1 Name of responsible individual—First name, middle name, last name OMKAR	SALI	2 Social security number (SSN) or other TIN ***-**-1887	3 Date of birth (if SSN or other TIN is not available)
4 Street address (including apartment no.) 1269 LAKESIDE DR APT 3100	5 City or town SUNNYSVALE	6 State or province CA	7 Country and ZIP or foreign postal code UNITED STATES 94085

8 Enter letter identifying Origin of the Health Coverage (see instructions for codes): B

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

10 Employer name UHG ADVANTAGE-ACTIVE	11 Employer identification number (EIN) 41-1321939
12 Street address (including room or suite no.) 9900 BRENN ROAD EAST	14 State or province MN
13 City or town MINNETONKA	15 Country and ZIP or foreign postal code 55343

Part III Issuer or Other Coverage Provider (see instructions)

16 Name PacificCare Life and Health Insurance Company	17 Employer identification number (EIN) 35-1137395	18 Contact telephone number 800-624-8822
19 Street address (including room or suite no.) 3000 Bayport Drive Suite 1170	20 City or town Tampa	21 State or province FL
		22 Country 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 <input checked="" type="checkbox"/>	(e) Months of coverage															
				Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec				
23 OMKAR	SALI	***-**-1887	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

Cat. No. 60704B

Form 1095-B (2023)

