57229

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	OMB No. 1545-2252
CORRECTED	2023

Part I Respons	sible	Individual	eneralog di 1700	3	in Lording to the			. 2												
Name of responsible individual–First name, middle name, last name     ROHITH				**	JANUMPALLY			2 Social security number (SSN) or other TIN						3 Date of birth (if SSN or other TIN is not available)						
	Street address (including apartment no.)			5	5 City or town			6 State or province					7 Country and ZIP or foreign postal code							
and the state of the control of the				1	IRVINE			CA					92618							
8 Enter letter identifying Origin of the Health Coverage (see instructions for codes):							10/00/00/00	9 Reserved												
Part II Informa	tion	<b>About Certain E</b>	mployer-Spor	ISO	red Coverage (s	ee instru	ictions	)				5/ 5/	100				-	, v =		
10 Employer name CALIFORNIA PUBLIC EMPLOYEES RETIREMENT SYSTEM								Spanjar Casa pro	1 - 1 30 t 5 - 1 4 t 8	Agricon Jorgania			11 Employer identification number (EIN)							
12 Street address (including room or suite no.) LINCOLN PLAZA 400 Q STREET				.1	SACRAMENTO			14 State or province  CA						15 Country and ZIP or foreign postal code 95814-2714						
Part III Issuer o	r Ot	her Coverage P	rovider (see ins	stru	ctions)		<del>- 1</del> - 7		Q41 (332)	194	The said	me i	100							
16 Name CALIFORNIA PUBLIC EMPLOYEES RETIREMENT SYSTEM							17	17 Employer identification number (EIN) 94-6207465					18 Contact telephone number 1-(877)-737-7776							
19 Street address (including room or suite no.) 20				20	City or town			21 State or province					22 Country and ZIP or foreign postal code							
					SACRAMENTO			CA						94229-2715						
Part IV Covered	d Inc	dividuals (Enter t	he information f	or e	each covered ind	ividual.)	-			1.0	The State of the S	ang ki ndun selat sag Light Palat ni atau	and the second			* * * * *	W-1	*		
(a) Name of covered individual(s)  (b) SSN or other The stress that the stress is the stress of the			IN	(c) DOB (if SSN or other TIN is not available)			inun nganga sengadahan di salah Mont an dikerangan kerapatah di salah salah						ths of coverage							
your summer of the state		prosent s					Jan	Feb	∂ Mar≟	. Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec		
23		JANUMPALLY	*******8288			x														
VENKATESHWAR	164	PASUMARTHY	*****7497	10.41	ethin a partie	. 1 - E	- 1-12)	A. J.	A 2000	18 18 18 18 18 18 18 18 18 18 18 18 18 1	0.400	77 31.39	33. 114.							
24						х						1								
25					ensport and pass register and entitles															
	7000 / 7 17 15 15 17 16 16 16 16 16 16 16 16 16 16 16 16 16	jar sece — il Jar jaturjel — 2 Jar — 3 a — 22		: .g.									П	П						
26	and the second						1	1												
27	oo Segya	te in wasting a C Souther wasting except a comment				10 HA														
<b>28</b>																				