

**Health Coverage**

VOID

CORRECTED

**2019**

Department of the Treasury  
Internal Revenue Service

▶ Go to [www.irs.gov/Form1095B](http://www.irs.gov/Form1095B) for instructions and the latest information.

**Part I Responsible Individual**

1 Name of responsible individual - first name, middle name, last name  
NARENDER REDDY GANTA

2 Social security number (SSN) or other TIN  
XXX-XX-0062

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

4 Street address (including apartment no.)  
2444 TWIN OAKS DR

5 City or town  
LITTLE ELM

6 State or province  
TX

7 Country and ZIP or foreign postal code  
US 75068-6060

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  
INFOSMART SYSTEMS, INC.

11 Employer identification number (EIN)  
XX-XXX6239

12 Street address (including room or suite no.)  
5850 TOWN & COUNTRY BLVD.  
STE #1102

13 City or town  
FRISCO

14 State or province  
TX

15 Country and ZIP or foreign postal code  
US 75034-6960

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

16 Name  
Health Care Service Corporation,  
A Mutual Legal Reserve Company

17 Employer identification number (EIN)  
36-1236610

18 Contact telephone number  
800-521-2227

19 Street address (including room or suite no.)  
300 East Randolph Street

20 City or town  
Chicago

21 State or province  
IL

22 Country and ZIP or foreign postal code  
US 60601

**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	June	July	Aug	Sept	Oct	Nov	Dec		
23 GANTA NARENDER REDDY	XXX-XX-0062		<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"/>
24 PINGILI ARADHYA	XXX-XX-5619		<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"/>
25			<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"/>
26			<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"/>
27			<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"/>