

Health Coverage

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.

VOID
 CORRECTED

2018

Part I Responsible Individual

1 Name of responsible individual—First name, middle name, last name TARUN		KOLLI		2 Social security number (SSN) or other TIN ***-**-8893	3 Date of birth (if SSN or other TIN is not available)	7 Country and ZIP or foreign postal code UNITED STATES 95035
4 Street address (including apartment no.) 1001 S MAIN STREET APT Q307		5 City or town MILLITAS		6 State or province CA	9 Reserved	

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 RELIABLE SOFTWARE RESOURCES INC	11 Employer identification number (EIN) 65-1218462
12 Street address (including room or suite no.) 22260 HAGGERTY RD ST 285	13 City or town NORTHVILLE
	14 State or province MI
	15 Country and ZIP or foreign postal code 48167

Part III Issuer or Other Coverage Provider (see instructions)

16 Name UnitedHealthcare, Inc.	17 Employer identification number (EIN) 41-1922511	18 Contact telephone number 866-633-2446
19 Street address (including room or suite no.) 601 Brooker Creek Blvd	20 City or town Oldsmar	21 State or province FL
		22 Country and ZIP or foreign postal code UNITED STATES 34677

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					
1 TARUN	KOLLI	***-**-8893	<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"/>	<input type="checkbox"/>

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

Cat. No. 60704B

Form **1095-B** (2018)

