

Form 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](http://www.irs.gov/Form1095B) for instructions and the latest information.

CORRECTED

VOID

2017

OMB No. 1545-2252

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#### Part I Responsible Individual

1	Name of responsible individual	DINESH ARICHANDRAN		
2	Social security number (SSN or other TIN)	***-**-7728		
3	Date of birth (if SSN or other TIN is not available)			
4	Street address (including apartment no.)	5	City or town	6
	118 CHAPELTOWNE CIR		NOTTINGHAM	MD
7	Country and ZIP or foreign postal code	21236-1245		
8	Enter letter identifying Origin of the Policy (see instructions for codes):	B		
9	Reserved			

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

10	Employer name	VIRTUSA CORPORATION		
11	Employer identification number (EIN)	043512883		
12	Street address (including room or suite no.)	13	City or town	14
	2000 WEST PARK DRIVE		WESTBOROUGH ...	MA
15	Country and ZIP or foreign postal code	01581		
16	Name	17	Employer identification number (EIN)	18
	CIGNA HEALTH AND LIFE INSURANCE CO.		591031071	8553107345
19	Street address (including room or suite no.)	20	City or town	21
	900 COTTAGE GROVE ROAD		BLOOMFIELD	CT
22	Country and ZIP or foreign postal code	06152		

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

Covered Individuals (Enter the information for each covered individual(s).)				
(a) Name of covered individual(s)	(b) SSN or other TIN	(c) DOB (if SSN or other TIN is not available)	(d) Covered all 12 months	(e) Months of coverage

(a) Name of covered individual(s)	(b) SSN or other TIN	(c) DOB (if SSN or other TIN is not available)	(d) Covered all 12 months	(e) Months of coverage
23 DINESH ARICHANDRAN	***-**-7728		<input type="checkbox"/>	Jan <input type="checkbox"/> Feb <input type="checkbox"/> Mar <input type="checkbox"/> Apr <input type="checkbox"/> May <input type="checkbox"/> Jun <input type="checkbox"/> Jul <input type="checkbox"/> Aug <input type="checkbox"/> Sep <input type="checkbox"/> Oct <input type="checkbox"/> Nov <input type="checkbox"/> Dec <input checked="" type="checkbox"/>
24 ANITHA DEVASEKARAN	***-**-0178		<input type="checkbox"/>	Jan <input type="checkbox"/> Feb <input type="checkbox"/> Mar <input type="checkbox"/> Apr <input type="checkbox"/> May <input type="checkbox"/> Jun <input type="checkbox"/> Jul <input type="checkbox"/> Aug <input type="checkbox"/> Sep <input type="checkbox"/> Oct <input type="checkbox"/> Nov <input type="checkbox"/> Dec <input checked="" type="checkbox"/>
25 OYIYA DINESH KUMAR	***-**-0184		<input type="checkbox"/>	Jan <input type="checkbox"/> Feb <input type="checkbox"/> Mar <input type="checkbox"/> Apr <input type="checkbox"/> May <input type="checkbox"/> Jun <input type="checkbox"/> Jul <input type="checkbox"/> Aug <input type="checkbox"/> Sep <input type="checkbox"/> Oct <input type="checkbox"/> Nov <input type="checkbox"/> Dec <input checked="" type="checkbox"/>
26 MITTUN SAM DINESH KUMAR	***-**-0162		<input type="checkbox"/>	Jan <input type="checkbox"/> Feb <input type="checkbox"/> Mar <input type="checkbox"/> Apr <input type="checkbox"/> May <input type="checkbox"/> Jun <input type="checkbox"/> Jul <input type="checkbox"/> Aug <input type="checkbox"/> Sep <input type="checkbox"/> Oct <input type="checkbox"/> Nov <input type="checkbox"/> Dec <input checked="" type="checkbox"/>
27				
28				

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

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Form 1095-B (2017)

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