

Form 1095-B

Health Coverage

OMB No. 1545-2252

2015

Department of the Treasury
Internal Revenue Service

Information about Form 1095-B and its separate instructions is at www.irs.gov/form1095b.

VOID
 CORRECTED

Part I Responsible Individual

1 Name of responsible individual
VIRGIL RAI UBALT-RAI
2 Social security number (SSN)
XXX-XX-6999
3 Date of birth (if SSN is not available)

4 Street address (including apartment no.)
7107 COLLINGWOOD LANE
5 City or town
ALPHARETTA
6 State or province
GA
7 Country and ZIP or foreign postal code
US 30022

8 Enter letter identifying Origin of the Policy (see instructions for codes): B
9 Small Business Health Options Program (SHOP) Marketplace identifier, if applicable

Part II Employer Sponsored Coverage (see instructions)

10 Employer name
SOFTCRYLIC LLC
11 Employer identification number (EIN)

12 Street address (including room or suite no.)
STE 208
718 WASHINGTON AVEN
13 City or town
MINNEAPOLIS
14 State or province
MN
15 Country and ZIP or foreign postal code
US 55401

Part III Issuer or Other Coverage Provider (see instructions)

16 Name
BCBSM, Inc.
17 Employer identification number (EIN)
41-0984460
18 Contact telephone number
888-878-0154
19 Street address (including room or suite no.)
dba Blue Cross Blue Shield of MN
20 City or town
St. Paul
21 State or province
MN
22 Country and ZIP or foreign postal code
US 55164

Part IV Covered Individuals (Enter the information for each covered individual(s).)

(a) Name of covered individual(s)	(b) SSN	(c) DOB (if SSN 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 VIRGIL RAI UBALT-RAI	XXX-XX-6999		<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"/>
24 AJITHA DASAIAN	XXX-XX-2797		<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"/>
25 TEJASVI VIRGIL-RAI	XXX-XX-2810		<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"/>
26 PUGAL KAVI VIRGIL-RAI	XXX-XX-2823		<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"/>
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"/>	<input type="checkbox"/>
28			<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"/>

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