

**Health Coverage**

VOID

CORRECTED

**2017**

Department of the Treasury  
Internal Revenue Service

▶ 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.

**Part I Responsible Individual**

1 Name of responsible individual

BHAVANA JALADI

2 Social security number (SSN) or other TIN

XXX-XX-4324

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

7 Country and ZIP or foreign postal code

US 07306

4 Street address (including apartment no.)

136 OAKLAND AVE #4R

5 City or town

JERSEY CITY

6 State or province

NJ

9 Reserved

B

8 Enter letter identifying Origin of the Health Coverage (see instructions for codes): . . . . .

**Part II Information About Certain Employer-Sponsored Coverage (see instructions)**

10 Employer name

IV TECHNOLOGIES INC

11 Employer identification number (EIN)

XX-XXX1512

12 Street address (including room or suite no.)

32 UNIVERSAL AVE

13 City or town

ISELIN

14 State or province

NJ

15 Country and ZIP or foreign postal code

US 00000-8830

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

16 Name

Horizon Healthcare Services Inc.

17 Employer identification number (EIN)

22-0999690

18 Contact telephone number

1-800-355-2583

19 Street address (including room or suite no.)

3 Penn Plaza East

20 City or town

Newark

21 State or province

NJ

22 Country and ZIP or foreign postal code

US 07105-2200

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

	(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													
					Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec		
23	BHAVANA JALADI	XXX-XX-4324		<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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24				<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"/>	
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"/>	
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"/>	