



**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.

VOID

OMB No. 1545-2252

CORRECTED

**2017**

560116

**Part I Responsible Individual**

1 Name of responsible individual  
**Sagnik Dey**

2 Social security number (SSN) or other TIN  
\*\*\*-\*\*-1624

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

4 Street address (including apartment no.)  
**135 RIO ROBLES E UNIT 161**

5 City or town  
**SAN JOSE**

6 State or province  
**CA**

7 Country and ZIP or foreign postal code  
**95134**

9 Reserved

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

10 Employer name  
**THINKBYTE CONSULTING INC**

11 Employer identification number (EIN)  
\*\*\*\*\*4538

12 Street address (including room or suite no.)  
**2060 Walsh Ave Ste 240**

13 City or town  
**Santa Clara**

14 State or province  
**CA**

15 Country and ZIP or foreign postal code  
**USA 95050**

16 Name  
**Kaiser Foundation Health Plan**

17 Employer identification number (EN)  
**941340523**

18 Contact telephone number  
**844-477-0450**

19 Street address (including room or suite no.)  
**One Kaiser Plaza 15L**

20 City or town  
**Oakland**

21 State or province  
**CA**

22 Country and ZIP or foreign postal code  
**United States of America US 94612**

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

17 Employer identification number (EN)  
**941340523**

18 Contact telephone number  
**844-477-0450**

22 Country and ZIP or foreign postal code  
**United States of America US 94612**

**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	Jun	Jul	Aug	Sep	Oct	Nov	Dec
23	SAGNIK DEY	***-**-1624		<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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" 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"/>
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"/>
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"/>
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"/>
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"/>