

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

Part I Responsible Individual

Department of the Treasury  
Internal Revenue Service

1 Name of responsible individual

DINESH K ARICHANDRAN

4 Street address (including apartment no.)

118 CHAPELTOWNE CIR

5 City or town

NOTTINGHAM

6 State or province

MD

7 Country and ZIP or foreign postal code

US 21236

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

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

10 Employer name

VIRTUSA CORPORATION

12 Street address (including room or suite no.)

2000 WEST PARK DRIVE

13 City or town

WESTBOROUGH

14 State or province

MA

15 Country and ZIP or foreign postal code

US 01581

16 Name

Aetna Life Insurance Company

19 Street address (including room or suite no.)

PO Box 981206  
El Paso TX US 79998

Part III Issuer or Other Coverage Provider (see instructions)

17 Employer identification number (EIN)

06-6033492

18 Contact telephone number

855-531-6837

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

28	27	26	25	24	23	(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		
						DINESH K ARICHANDRAN	XXX-XX-7728		<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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						ANITHA DEVASEKARAN	1976-06-30		<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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						MITTUN SAM DINESH KUMAR	2005-06-12		<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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						OYIYA DINESH KUMAR	2007-04-11		<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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>