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* for instructions and the latest information.

☐ VOID

☐ CORRECTED

OMB. No. 1545-2252

2018

Part I Responsible Individual

1 Name of responsible individual- first name, middle name, last name		2 Social security number (SSN) or other TIN	3 Date of birth (if SSN or other TIN is not available)
NARENDER REDDY GANTA		XXX-XX-0062	
4 Street address (including apartment no.)	**5** City or town	**6** State or province	**7** Country and ZIP or foreign postal code
2444 TWIN OAKS DR	LITTLE ELM	TX	US 75068-6060
8 Enter letter identifying Origin of the Health Coverage (see instructions for codes): . . . . . ▶ B		**9** Reserved	

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

10 Employer name			11 Employer identification number (EIN)
INFOSMART SYSTEMS, INC.			XX-XXX6239
12 Street address (including room or suite no.)	**13** City or town	**14** State or province	**15** Country and ZIP or foreign postal code
5850 TOWN & COUNTRY BLVD. STE #1102	FRISCO	TX	US 75034-6960

Part III Issuer or Other Coverage Provider (see instructions)

16 Name		17 Employer identification number (EIN)	18 Contact telephone number
Health Care Service Corporation, A Mutual Legal Reserve Company		36-1236610	800-521-2227
19 Street address (including room or suite no.)	**20** City or town	**21** State or province	**22** Country and ZIP or foreign postal code
300 East Randolph Street	Chicago	IL	US 60601

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

	(a) Name of covered individual(s) First name, middle initial, last name	(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	NARENDER REDDY GANTA	XXX-XX-0062		X	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
24	ARADHYA PINGILI	XXX-XX-5619		X	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
25				☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
26				☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
27				☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
28				☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐