

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.

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 CORRECTED

2017

Part I Responsible Individual

1 Name of responsible individual SRIRAM K NALLANIDGAL	2 Social security number (SSN) or other TIN *****5423	3 Date of birth (if SSN or other TIN is not available)
4 Street address (including apartment no.) 39561 ROSS COMMON	5 City or town FREMONT	6 State or province CA
	7 Country and ZIP or foreign postal code 94538	9 Reserved

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

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

10 Employer name LOGIC SOFT	11 Employer identification number (EIN) *****4320
12 Street address (including room or suite no.) 5900 SAWMILL RD STE 200	13 City or town DUBLIN
	14 State or province OH
	15 Country and ZIP or foreign postal code 43017

Part III Issuer or Other Coverage Provider (see instructions)

16 Name ANTHEM INSURANCE COMPANIES, INC.	17 Employer identification number (EIN) 35-0781558	18 Contact telephone number 1-(800)-552-9159
19 Street address (including room or suite no.) 120 MONUMENT CIRCLE	20 City or town INDIANAPOLIS	21 State or province IN
	22 Country and ZIP or foreign postal code 46204-4903	

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	SRIRAM K NALLANIDGAL	*****5423		<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 checked="" type="checkbox"/>	
24	DEEPIKA NALLANIDGAL	*****1110		<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 checked="" type="checkbox"/>
25	SADGUNA K NALLANIDGAL	*****5423		<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 checked="" type="checkbox"/>
26	SADBHAAV NALLANIDGAL	*****1112		<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 checked="" 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"/>
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"/>