

# Health Coverage

► Information about Form 1095-B and its separate instructions is at [www.irs.gov/form1095b](http://www.irs.gov/form1095b).

VOID

CORRECTED

## Part I Responsible Individual

1 Name of responsible individual <b>First Name, Middle Name, Last Name, Suffix</b>		2 Social security number (SSN) <b>SSN</b>	3 Date of birth (if SSN is not available) <b>DOB</b>
4 Street address (including apartment no.) <b>Address Line 1, Address Line 2</b>	5 City or town <b>City</b>	6 State or province <b>State</b>	7 Country and ZIP or foreign postal code <b>ZIP Code, Country</b>
8 Enter letter identifying Origin of the Policy (see instructions for codes): <b>Origin of Policy</b> <input type="checkbox"/>		9 Small Business Health Options Program (SHOP) Marketplace identifier, if applicable	

## Part II Employer Sponsored Coverage (see instructions)

10 Employer name <b>Will be populated from Form 1094-B</b>			11 Employer identification number (EIN) <b>(Same as Line 10)</b>
12 Street address (including room or suite no.) <b>(Same as Line 10)</b>	13 City or town <b>(Same as Line 10)</b>	14 State or province <b>(Same as Line 10)</b>	15 Country and ZIP or foreign postal code <b>(Same as Line 10)</b>

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

16 Name <b>Business name</b>		17 Employer identification number (EIN) <b>EIN</b>	18 Contact telephone number <b>Telephone</b>
19 Street address (including room or suite no.) <b>Address line 1, Address line 2</b>	20 City or town <b>City</b>	21 State or province <b>State</b>	22 Country and ZIP or foreign postal code <b>ZIP code</b>

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

(a) Name of covered individual(s)	(b) SSN	(c) DOB (if SSN 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 <b>First Name, Middle Name, Last Name, Suffix</b>	<b>SSN</b>	<b>DOB</b>	<b>All 12 months</b>	<b>Jan</b>	<b>Feb</b>	<b>Mar</b>	<b>Apr</b>	<b>May</b>	<b>Jun</b>	<b>Jul</b>	<b>Aug</b>	<b>Sep</b>	<b>Oct</b>	<b>Nov</b>	<b>Dec</b>	
24																
25				<input type="checkbox"/>												
26				<input type="checkbox"/>												
27				<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"/>	