			Health Coverage	erae	D					_	VOID		0	OMB No. 1545-2252	545-2252	
77 =	a Inform	Information about Form 1095-B and its separate instructions is at www.irs.gov/form1095b	5-B and its separate	instruction	ons is at	www.ir	s.gov/fo	rm 1095	ġ.	0	CORRECTED	CTED		20	(J)	
Part I Responsible Individual	Individual					-					1 1					
James J Small						0	***-**-4437	4437				Citizen Vice		Care of care (a cold to not available)		
4 Street address (including apartment no.)	ment no.)		5 City or town		6	State or	State or province			7	-	y and ZII	or foreig	Country and ZIP or foreign postal code	code	
PO BOX 27774		S	SANTA ANA		CA					9	92799					
B Enter letter identifying Origin of the Policy (see instructions for codes):	n of the Policy (see	instructions for codes			0 0	Small Bu	Small Business Health Options Program (SHOP) Marketplace identifier, if applicable	Ith Options	, Program	SHOP) Ma	arketplace	identifier,	if applicab	ō		
Part II Employer Sp.	onsored Cove	Employer Sponsored Coverage (see instructions)	ons)													
10 Employer name			and the second second							11		yer ident	ification n	Employer identification number (EIN)	Ē	
AUTOMOBILE CLUB OF SOUTHERN CALIFORNIA	SOUTHERN	CALIFORNIA										井 井 井	*****4585			
12 Street address (including room or suite no.)	or suite no.)	1	13 City or town		14		State or province			15	- 1	ry and ZI	P or foreig	Country and ZIP or foreign postal code	code	
3333 FAIRVIEW RD STE A154	A154	0	COSTA MESA		CA					9:	92626					
Part III issuer or Oth	er Coverage F	Issuer or Other Coverage Provider (see instructions)	uctions)		4				7	5						
-	th Plan					1	941340523	10523	0			844	844-477-0450	150		
19 Street address (including room or suite no.)	or suite no.)	2	20 City or town		21	- 1	State or province			22		ry and ZI	P or foreig	Country and ZIP or foreign postal code	code	
One Kaiser Plaza, 15L		0	Oakland		CA					U	nited :	States	of Am	United States of America US 94612	US 946	312
Part IV Covered Indi	viduals (Enter t	Covered Individuals (Enter the information for each covered individual(s).	each covered inc	dividual(s	().)											
(a) Name of covered individual(s)	lividual(s)	(b) SSN	(c) DOB (If SSN is not (d) Covered available) all 12 months	(d) Covered					(0)	Months o	(e) Months of coverage	ф				
					Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
23 JAMES J SMALL		***_***_4437				×	×	×	×	×	×	×	×	×	×	×
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For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.	rk Reduction Act	Notice, see separate	instructions.		Ì	l	Cat	Cat. No. 50704B)4B					Form	1095-	Form 1095-B (2015)

Form

1095-B

Department of the Treasury Internal Revenue Service

Part I

Part III

ANTHEM BLUE CROSS LIFE & HEALTH INSURANCE COMPANY

95-4331852

17

Employer identification number (EIN)

8

Contact telephone number

1-(800)-333-0912

Issuer or Other Coverage Provider (see instructions)

12 Street address (including room or suite no.)

13 City or town

14 State or province

15 Country and ZIP or foreign postal code

Employer identification number (EIN)

Part II

PO BOX 9263

REDLANDS

V

D

Small Business Health Options Program (SHOP) Marketplace identifier, if applicable

City or town

6 State or province

2 Social security number (SSN) *****4437

3 Date of birth (If SSN is not available)

7 Country and ZIP or foreign postal code 92375

4 Street address (including apartment no.)

JAMES J SMALL

Name of responsible individual

Responsible Individual

8 Enter letter identifying Origin of the Policy (see instructions for codes):

Employer Sponsored Coverage (see instructions)

10 Employer name

2 of 2

15459

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VOID

OMB No. 1545-2252 211012

CORRECTED

2015

▶ Information about Form 1095-B and its separate instructions is at www.irs.gov/form1095b **Health Coverage**

19 Street address (including room or suite no.) 120 MONUMENT CIRCLE Part IV Covered Individuals (Enter the information for each covered individual(s).) (a) Name of covered individual(s) JAMES J SMALL ****4437 23 ****4437	he information fo (b) SSN *****4437	20 City or town INDIANAPOLIS or each covered individual(s) (c) DOB (If SSN is not available) available) (d) Covered all 12 months	dividual(s) (d) Covered all 12 months		IN Feb Mar	Mar province	□ □ May €	Jun Months 2	22 Country and 46204-4903	Country and ZIP or foreign postal code 6204-4903 Jul Aug Sep Oct No Jul D D D D D D D D D D D D D D D D D D D	Sep Sep	Ign posta	□ □ No Sode	
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