

Tax Information

Form 1095-B Department of the Treasury Internal Revenue Service	<p align="center">Health Coverage</p> <p align="center">Information about Form 1095-B and its separate instructions is at www.irs.gov/form1095b.</p>	2015
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Part I Responsible Individual

1. Name of responsible individual: SUBRAMANIAM SWAMYNATHAN		2. Social security number (SSN): 697494926	3. Date of birth (If SSN is not available): 1993-01-19
4. Street address (including apartment no.): 9523 85TH ST	5. City or town: QUEENS	6. State or province: NY	7. Country and ZIP or foreign postal code: 11416
8. Enter letter identifying Origin of the Policy (see instructions for codes):		9. Small Business Health Options Program (SHOP) Marketplace identifier, if applicable:	

Part II Employer Sponsored Coverage (see instructions)

10. Employer name:			11. Employer identification number (EIN):
12. Street address (including room or suite no.):			15. Country and ZIP or foreign postal code:
13. City or town:	14. State or province:		

Part III Issuer or Other Coverage Provider (see instructions)

16. Name: National Union Fire Insurance Company of Pittsburgh, Pa.		17. Employer identification number (EIN): 25-0687550	18. Contact telephone number: 1-888-722-1668
19. Street address (including apartment no.): Principal place of business at 175 Water Street	20. City or town: New York	21. State or province: NY	22. Country and ZIP or foreign postal code: 10038

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

(e) Months of Coverage

(a) Name of covered individual(s)	(b) SSN	(c) DOB	(d) Covered All 12 Months	(e) Months of Coverage												
				Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	
23. SUBRAMANIAM SWAMYNATHAN	697494926	1993-01-19	<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 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"/>
24.			<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"/>
25.			<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"/>
26.			<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"/>
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"/>

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