

Form 1095-B	Health Coverage	<input type="checkbox"/> VOID	560118
Department of the Treasury Internal Revenue Service	Do not attach to your tax return. Keep for your records. Go to www.irs.gov/Form1095B for instructions and the latest information.	<input type="checkbox"/> CORRECTED	OMB No. 1545-2252
			2024

Part I Responsible Individual			
1 Name of responsible individual—First name, middle name, last name CAROLINA		2 Social security number (SSN) or other TIN ***-**-4046	3 Date of birth (if SSN or other TIN is not available)
4 Street address (including apartment no.) 8297 E ZEPHYR WING COURT	5 City or town FLORAL CITY	6 State or province FL	7 Country and ZIP or foreign postal code UNITED STATES 34436
8 Enter letter identifying Origin of the Health Coverage (see instructions for codes): . . . <input type="checkbox"/> B		9 Reserved	

Part II Information about Certain Employer-Sponsored Coverage (see instructions)			
10 Employer name ROBERT WADE AND ASSOC		11 Employer identification number (EIN) 59-2128700	
12 Street address (including room or suite no.) 10080 SW 66TH STREET	13 City or town MIAMI	14 State or province FL	15 Country and ZIP or foreign postal code 33713

Part III Issuer or Other Coverage Provider (see instructions)			
16 Name UnitedHealthcare, Inc.		17 Employer identification number (EIN) 41-1922511	18 Contact telephone number 800-357-0978
19 Street address (including room or suite no.) 3000 Bayport Drive Suite 1170	20 City or town Tampa	21 State or province FL	22 Country and ZIP or foreign postal code UNITED STATES 33607

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	Jun	Jul	Aug	Sep	Oct	Nov
23	CAROLINA	WADE	***-**-4046		<input checked="" 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"/>