

Form 1095-B

Department of the Treasury Internal Revenue Service

Health Coverage

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

VOID CORRECTED

OMB No. 1545-2252

2017

Part I Responsible Individual

1 Name of responsible individual JOHN M DOE SR
2 Social security no. (SSN or other TIN) XXX-XX-0029
3 Date of birth (If SSN or TIN is not available) 1983-03-22
4 Street address (including apartment no.) 33 EAST 17 STREET APT 2101
5 City or town NEW YORK
6 State or province NY
7 Country and ZIP or foreign postal code 10003-2005
8 Enter letter identifying Origin of the Health Coverage (see instructions for codes) B
9 Reserved

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

10 Employer name ACCOUNT ABILITY COMPLIANCE SOFTWARE
11 Employer identification number (EIN) XX-XXX-9958
12 Street address (including room or suite no.) 555 BROADHOLLOW RD STE 273
13 City or town MELVILLE
14 State or province NY
15 Country and ZIP or foreign postal code 11747-5001

Part III Issuer or Other Coverage Provider (see instructions)

16 Name RENAISSANCE HEALTH CARE INC
17 Employer identification number (EIN) 11-4938827
18 Contact telephone number 888-302-0303
19 Street address (including room or suite no.) 975 ALDER LANE SUITE 312
20 City or town NEW YORK
21 State or province NY
22 Country and ZIP or foreign postal code 10023-1210

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

Table with columns: (a) Name of covered individual(s), (b) SSN or other TIN, (c) DOB (If SSN or TIN is not available), (d) Covered all 12 months, (e) Months of coverage (Jan-Dec). Rows include JOHN M DOE SR, JANE DOE, JOHN DOE JR, LENORE DOE.

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

Do not attach to your tax return. Keep for your records.

Form 1095-B (2017)

Name of responsible individual JOHN M DOE SR
Social security number (SSN or other TIN) XXX-XX-0029
Date of birth (If SSN or TIN is not available) 1983-03-22

Part IV Covered Individuals - Continuation Sheet

Continuation table with columns: (a) Name of covered individual(s), (b) SSN or other TIN, (c) DOB (If SSN or TIN is not available), (d) Covered all 12 months, (e) Months of coverage (Jan-Dec). Rows 29-40.

Form 1095-B (2017)

RENAISSANCE HEALTH CARE INC
975 ALDER LANE SUITE 312
NEW YORK NY 10023-1210

FIRST-CLASS MAIL
U.S. POSTAGE
PAID
MELVILLE, NEW YORK
PERMIT NO. 123456



JOHN M DOE SR
33 EAST 17 STREET APT 2101
NEW YORK NY 10003-2005