

Form **1095-B**

Health Coverage

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.

☐ VOID

OMB No. 1545-2252

☒ CORRECTED

2020

Part I Responsible Individual

1 Name of responsible individual—First name, middle name, last name KONSTANTIN	2 Social security number (SSN) or other TIN *****2207	3 Date of birth (if SSN or other TIN is not available)
4 Street address (including apartment no.) 1113 CAROLINA ST	5 City or town SAN FRANCISCO	6 State or province CA
7 Country and ZIP or foreign postal code 94107		9 Reserved
8 Enter letter identifying Origin of the Health Coverage (see instructions for codes): <input type="checkbox"/> A <input checked="" type="checkbox"/> B		

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

10 Employer name SEQUOIA ONE PEO LLC	11 Employer identification number (EIN) *****6239
12 Street address (including room or suite no.) 22 4TH STREET FLOOR 14 ATTN: PRE	13 City or town SAN FRANCISCO
14 State or province CA	15 Country and ZIP or foreign postal code 94103

Part III Issuer or Other Coverage Provider (see instructions)

16 Name BLUE CROSS OF CALIFORNIA	17 Employer identification number (EIN) 95-3760980	18 Contact telephone number 1-(844)-205-3598
19 Street address (including room or suite no.) 120 MONUMENT CIRCLE	20 City or town INDIANAPOLIS	21 State or province IN
22 Country and ZIP or foreign postal code 46204-4903		

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	Dec
KONSTANTIN GREDESKOUL		*****2207		<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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
23				<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"/>
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"/>
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"/>
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"/>
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"/>
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"/>