

1095-B

Group 7

PART I - Responsible Individual

1	Name of responsible individual	50
2	SSN	12
3	DOB	11
4	Street Address	50
5	City	22
6	State	3
7	ZIP	11
8	Origin	3
9	SHOP	2

PART II - Employer Sponsored Coverage

10	Employer Name	49
11	EIN	11
12	Street Address	13
13	City	9
14	State	3
15	ZIP	11

PART IV - Covered Individuals

ROWS 23-42 (1:20)

(a)	Name of covered individuals	50
(b)	SSN	12
(c)	DOB	11
(d)	Covered all 12 months	2
(e)	Months of coverage	
Jan		2
Feb		2
Mar		2
Apr		2
May		2
Jun		2
Jul		2
Aug		2
Sep		2
Oct		2
Nov		2
Dec		2