

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



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

CONTROL # 84321

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](http://www.irs.gov/form1095b).

VOID  
 CORRECTED

OMB No. 1545-2252

**2017**

Part I Responsible Individual																
1 Name of responsible individual <b>JOHN M DOE SR</b>				2 Social security no. (SSN or other TIN) <b>XXX-XX-0029</b>				3 Date of birth (If SSN or TIN is not available) <b>1983-03-22</b>								
4 Street address (including apartment no.) <b>33 EAST 17 STREET APT 2101</b>			5 City or town <b>NEW YORK</b>		6 State or province <b>NY</b>			7 Country and ZIP or foreign postal code <b>10003-2005</b>								
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 <b>ACCOUNT ABILITY COMPLIANCE SOFTWARE</b>										11 Employer identification number (EIN) <b>XX-XXX-9958</b>						
12 Street address (including room or suite no.) <b>555 BROADHOLLOW RD STE 273</b>			13 City or town <b>MELVILLE</b>		14 State or province <b>NY</b>			15 Country and ZIP or foreign postal code <b>11747-5001</b>								
Part III Issuer or Other Coverage Provider (see instructions)																
16 Name <b>RENAISSANCE HEALTH CARE INC</b>				17 Employer identification number (EIN) <b>11-4938827</b>				18 Contact telephone number <b>888-302-0303</b>								
19 Street address (including room or suite no.) <b>975 ALDER LANE SUITE 312</b>			20 City or town <b>NEW YORK</b>		21 State or province <b>NY</b>			22 Country and ZIP or foreign postal code <b>10023-1210</b>								
Part IV Covered Individuals (Enter the information for each covered individual)																
(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	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	
23 <b>JOHN M DOE SR</b>	<b>XXX-XX-0029</b>	<b>1983-03-22</b>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>
24 <b>JANE DOE</b>	<b>XXX-XX-9898</b>		<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"/>	<input type="checkbox"/>	<input type="checkbox"/>
25 <b>JOHN DOE JR</b>		<b>2017-09-04</b>	<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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
26 <b>LENORE DOE</b>	<b>XXX-XX-0394</b>		<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"/>	<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"/>