

Health Coverage

VOID

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.**

CORRECTED

2022

Part I Responsible Individual

1 Name of responsible individual—First name, middle name, last name BAKHT		KAHLOON	2 Social security number (SSN) or other TIN ***-**-8729	3 Date of birth (if SSN or other TIN is not available)
4 Street address (including apartment no.) 140 DUBOCE AVENUE 203		5 City or town SAN FRANCISCO	6 State or province CA	7 Country and ZIP or foreign postal code UNITED STATES 94103
8 Enter letter identifying Origin of the Health Coverage (see instructions for codes): . . . ▶		9 Reserved		
		B		

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

10 Employer name AURORA INNOVATION INC			11 Employer identification number (EIN) 81-4387104
12 Street address (including room or suite no.) 280 N BERNARDO AVE	13 City or town MOUNTAIN VIEW	14 State or province CA	15 Country and ZIP or foreign postal code 94043

Part III Issuer or Other Coverage Provider (see instructions)

16 Name UnitedHealthcare, Inc.		17 Employer identification number (EIN) 41-1922511	18 Contact telephone number 866-633-2446
19 Street address (including room or suite no.) 601 Brooker Creek Blvd	20 City or town Oldsmar	21 State or province FL	22 Country and ZIP or foreign postal code UNITED STATES 34677

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	
23 BAKHT	KAHLOON	***-**-8729	<input type="checkbox"/>	X	X	X	X	X	X	X	X	X	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

Cat. No. 60704B

Form **1095-B** (2022)

