Name of responsible individual–First name, middle name, last name	Social security number (SSN) or other TIN	Date of birth (if SSN or other TIN is not available)

Part IV **Covered Individuals** — Continuation Sheet

	(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
29						☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
30						☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
31						☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
32						☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
33						☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
34						☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
35						☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
36						☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
37						☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
38						☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
39						☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
40						☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐