

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
 CORRECTED

2017

Part I Responsible Individual

1 Name of responsible individual
MATHEW GOLDSTEIN

2 Social security number (SSN) or other TIN
XXX-XX-9409

3 Date of birth (if SSN or other TIN is not available)

4 Street address (including apartment no.)

5 City or town
WASHINGTON

6 State or province
DC

7 Country and ZIP or foreign postal code
US 20009

1443 GIRARD ST NW APT 3

WASHINGTON

DC

9 Reserved

8 Enter letter identifying origin of the Health Coverage (see instructions for codes): **B**

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

10 Employer name
New Venture Fund, Inc.

11 Employer identification number (EIN)
XX-XXXX6345

12 Street address (including room or suite no.)

13 City or town
WASHINGTON

14 State or province
DC

15 Country and ZIP or foreign postal code
US 20036

1201 CONNECTICUT AVE NW STE 300

WASHINGTON

DC

US 20036

Part III Issuer or Other Coverage Provider (see instructions)

16 Name
Group Hospitalization and Medical Services, Inc.

17 Employer identification number (EIN)
53-0078070

18 Contact telephone number

19 Street address (including room or suite no.)

20 City or town
Washington

21 State or province
DC

22 Country and ZIP or foreign postal code
US 20065

840 First Street NE

Washington

DC

US 20065

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 other TIN is not available)	(d) Covered all 12 months	(e) Months of coverage													
				Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec		
23 MATHEW GOLDSTEIN	XXX-XX-9409		<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"/>	<input checked="" type="checkbox"/>	<input checked="" 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"/>	<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"/>	<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"/>	<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"/>	<input type="checkbox"/>