

NOT FOR FILING - INFORMATION PURPOSES ONLY.
HEALTHCARE MARKETPLACE PHONE NUMBER: 1-800-318-2596

Form **1095-A**

Health Insurance Marketplace Statement

VOID

OMB No. 1545-2232

Department of the Treasury
Internal Revenue Service

Do not attach to your tax return. Keep for your records.
 Go to www.irs.gov/Form1095A for instructions and the latest information.

CORRECTED

2023

Part I Recipient Information

1 Marketplace identifier	2 Marketplace-assigned policy number	3 Policy issuer's name		
4 Recipient's name		5 Recipient's SSN	6 Recipient's date of birth	
7 Recipient's spouse's name		8 Recipient's spouse's SSN	9 Recipient's spouse's date of birth	
10 Policy start date	11 Policy termination date	12 Street address (including apartment no.)		
13 City or town	14 State or province	15 Country and ZIP or foreign postal code		

Part II Covered Individuals

A. Covered individual name	B. Covered individual SSN	C. Covered individual date of birth	D. Coverage start date	E. Coverage termination date
16				
17				
18				
19				
20				

Part III Coverage Information

Month	A. Monthly enrollment premiums	B. Monthly second lowest cost silver plan (SLCSP) premium	C. Monthly advance payment of premium tax credit
21 January 22			
February 23			
March 24			
April 25			
May 26			
June 27			
July 28			
August 29			
September 30			
October 31			
November 32			
December 33			
Annual Totals			