Form 1095-A

Health Insurance Marketplace Statement

I VOID

С	MB	No.	1545	-2232

Department of the Treasury Internal Revenue Service ▶ Do not attach to your tax return. Keep for your records.
▶ Information about Form 1095-A and its separate instructions is at www.irs.gov/form1095a.

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2016

Part I Recipient Inform	nation									
1 Marketplace identifier 2 Marketplace-assigned policy number				r	3 Policy issuer's name					
4 Recipient's name						5 Recipient's SSN		6 Recip	6 Recipient's date of birth	
7 Recipient's spouse's name					8 Recipient's spous	e's SSN	9 Recipient's spouse's date of birth			
10 Policy start date 11 Policy termination date						12 Street address (in	cluding ap	artment no.)		
13 City or town		14 State or	province			15 Country and ZIP of	r foreign p	oostal code		
Part II Covered Individ	luals									
A. Covered individ	lual name		B. Covered indi	vidual SSN	C.	Covered individual date of birth	D. Coverage start date		E. Coverage termination date	
16										
17										
18										
19										
20										
Part III Coverage Inform	nation		•				•			
Month	A. Mor	nthly enrollm	ent premiums	B. Month	hly se lan (S	econd lowest cost s SLCSP) premium	silver		advance payment of ium 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 Totale										