Form **1095-A**

Department of the Treasury Internal Revenue Service

Health Insurance Marketplace Statement

Information about Form 1095-A and its separate instructions is at www.irs.gov/form1095a. CORRECTED

2014

OMB No. 1545-2232

Part I Recipient Information

1 Marketplace identifier	2 Marketplace-assigned policy number	3 Policy issuer's name	
12-3456XXX	XXX	INSURER	
4 Recipient's name	·	5 Recipient's SSN	6 Recipient's date of birth
GAIL HUDSON		021-99-9999	04/16/1988
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.)	
03/01/2014		2715 BISHOP CIRCLE	
13 City or town	14 State or province	15 Country and ZIP or foreign postal code	
YOUR CITY	YOUR STATE	YOUR ZIP	

Part II Coverage Household

A. Covered Individual Name	B. Covered Individual SSN	C. Covered Individual Date of Birth	D. Covered Individual Start Date	E. Covered Individual Termination Date
16 GAIL HUDSON	021-99-9999	04/16/1988	03/01/2014	
17				
18				
19				
20				

Part III Household Information

Month	A. Monthly Premium Amount	B. Monthly Premium Amount of Second Lowest Cost Silver Plan (SLCSP)	C. Monthly Advance Payment of Premium Tax Credit
21 January		~	
22 February			
23 March	\$300.00	\$334.00	\$142.00
24 April	\$300.00	\$334.00	\$142.00
25 May	\$300.00	\$334.00	\$142.00
26 June	\$300.00	\$334.00	\$142.00
27 July	\$300.00	\$334.00	\$142.00
28 August	\$300.00	\$334.00	\$142.00
29 September	\$300.00	\$334.00	\$142.00
30 October	\$300.00	\$334.00	\$142.00
31 November	\$300.00	\$334.00	\$142.00
32 December	\$300.00	\$334.00	\$142.00
33 Annual Totals	\$3,000.00	\$3340.00	\$1420.00

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

Cat. No. 60703Q

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