Form 1095-A

Health Insurance Marketplace Statement

VOID

CORRECTED

OMB No. 1545-2232

2020

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.

Part I Recipient Information

1 Marketplace identifier 02.MA*.SBE.002.002	2 Marketplace-assigned policy number 70000351082359763MA0040014	3 Policy issuer's name Tufts Health Public Plans Inc	
4 Recipient's name Sasidhar Polimetla		5 Recipient's SSN XXX-XX-6941	6 Recipient's date of birth 05/09/1992
7 Recipient's spouse's name		8 Recipient's spouse's SSN	9 Recipient's spouse's date of birth
10 Policy start date 01/01/2020	11 Policy termination date 12/31/2020	12 Street address (including apartment no.) 65 WESTWIND RD 15 Country and ZIP or foreign postal code 02125	
13 City or town DORCHESTER	14 State or province MA		

Covered Individuals

A. Covered individual name	B. Covered individual SSN	C. Covered individual date of birth	D. Coverage start date	E. Coverage termination date
Sasidhar Polimetla	XXX-XX-6941	05/09/1992	01/01/2020	12/31/2020
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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	226,15	300.64	0.00
22 February	226.15	300.64	0.00
23 March	226.15	300.64	0.00
24 April	226.15	300.64	0.00
25 May	226.15	300.64	0.00
26 June	226.15	300.64	0.00
27 July	226.15	300.64	0.00
28 August	226.15	300.64	0.00
29 September	226.15	300.64	0.00
30 October	226.15	300.64	0.00
31 November	226.15	300.64	0.00
32 December	226.15	300.64	0.00
33 Annual Totals	2713.80	3607.68	0.00

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

Cat. No. 60703Q

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