

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 Polimetta		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		
13 City or town DORCHESTER	14 State or province MA	15 Country and ZIP or foreign postal code 02125		

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	Sasidhar Polimetta	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

