

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

2021

Part I Recipient Information

1 Marketplace identifier NC		2 Marketplace-assigned policy number 100322802		3 Policy issuer's name Cigna Healthcare	
4 Recipient's name Sai Pooja Shobaram			5 Recipient's SSN xxx-xx-3858		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 07/01/2021		11 Policy termination date 10/09/2021		12 Street address (including apartment no.) 5490 South Miami Blvd Apt301	
13 City or town Durham		14 State or province NC		15 Country and ZIP or foreign postal code US 27703	

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	Sai Pooja Shobaram	xxx-xx-3858		07/01/2021	10/09/2021
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	0.00	0.00	0.00
22 February	0.00	0.00	0.00
23 March	0.00	0.00	0.00
24 April	0.00	0.00	0.00
25 May	0.00	0.00	0.00
26 June	0.00	0.00	0.00
27 July	406.60	390.45	16.00
28 August	406.60	390.45	16.00
29 September	406.60	390.45	16.00
30 October	118.05	390.45	4.65
31 November	0.00	0.00	0.00
32 December	0.00	0.00	0.00
33 Annual Totals	1,337.85	1,561.80	52.65

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

Cat. No. 60703Q

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