

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.

 CORRECTED**2021**▶ 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 70000440522759763MA0040014	3 Policy issuer's name Tufts Health Public Plans Inc
4 Recipient's name Shyam Maddinni	5 Recipient's SSN XXX-XX-9789	6 Recipient's date of birth 11/13/1992
7 Recipient's spouse's name	8 Recipient's spouse's SSN	9 Recipient's spouse's date of birth
10 Policy start date 01/01/2021	11 Policy termination date 12/31/2021	12 Street address (including apartment no.) 412 MCGRATH HWY
13 City or town SOMERVILLE	14 State or province MA	15 Country and ZIP or foreign postal code 02143

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	Shyam Maddinni	XXX-XX-9789	11/13/1992	01/01/2021	12/31/2021
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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	254.81	326.85	0.00
22 February	254.81	326.85	0.00
23 March	254.81	326.85	0.00
24 April	254.81	326.85	0.00
25 May	254.81	326.85	53.00
26 June	254.81	326.85	53.00
27 July	254.81	326.85	53.00
28 August	254.81	326.85	53.00
29 September	254.81	326.85	53.00
30 October	254.81	326.85	53.00
31 November	254.81	326.85	53.00
32 December	254.81	326.85	53.00
33 Annual Totals	3057.72	3922.20	424.00

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

Cat. No. 60703Q

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