Form **1095-A** **Health Insurance Marketplace Statement** **2021**

► Keep for your records

QuickZoom to Form 1095-A, Health Insurance Marketplace Statement . . . . . ►

QuickZoom to Form 8962, Premium Tax Credit (PTC) . . . . . ►

Name(s) Shown on Return	Your Social Security No.
SAGAR KUMAR THODUPUNOORI & DIVYA BUKKA	690-76-7869

Owned by: (See tax help if recipient is a dependent)

[X] Taxpayer [ ] Spouse [ ] Spouse is covered by plan

Part I Recipient Information

1 Marketplace identifier	2 Marketplace-assigned pol. no.	3 Policy issuer's name	
VA	101087909	CIGNA HEALTH AND LIFE INSURANCE COMPANY	
4 Recipient's name		5 Recipient's SSN	6 Recipient's DOB
SAGAR KUMAR	THODUPUNOORI	690-76-7869	07/25/90
7 Recipient's spouse's name		8 Spouse's SSN	9 Spouse's DOB
10 Policy start date	11 Policy termination date	12 Street address (including apartment no.)	
09/01/21	12/31/21	2511 JOHN EPPES RD, Apt. 201	
13 City or town	14 State or province	15 Country and ZIP or foreign postal code	
HERNDON	VA	20171	

Part II Covered Individuals

[ ] Check this box to populate the Name, SSN, and DOB for everyone listed on the return in Part II.
Note: Checking this box again will repopulate the information below and overwrite existing entries.

	A. Covered individual name (First, Last)	B. Covered individual SSN	C. Covered individual date of birth	D. Coverage start date	E. Coverage termination date
16	DIVYA BUKKA		07/22/91	09/01/21	12/31/21
17					
18					
19					
20					

Part III Coverage Information

	Month	Copy Feature (See help for more info.)	A. Monthly enrollment premiums	B. Monthly second lowest cost silver plan (SLCSP) premium	C. Monthly advance payment of premium tax credit
21	JANUARY				
22	FEBRUARY				
23	MARCH				
24	APRIL				
25	MAY				
26	JUNE				
27	JULY				
28	AUGUST				
29	SEPTEMBER		404.12		
30	OCTOBER		404.12		
31	NOVEMBER		404.12		
32	DECEMBER		404.12		
33	Annual Totals		1,616.		