

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

2022

Part I Recipient Information

1 Marketplace identifier TN	2 Marketplace-assigned policy number 112878048	3 Policy issuer's name Bright HealthCare		
4 Recipient's name Sesha Alekhya dasari		5 Recipient's SSN xxx-xx-9996	6 Recipient's date of birth	
7 Recipient's spouse's name Pavan kumar Batchu		8 Recipient's spouse's SSN xxx-xx-4625	9 Recipient's spouse's date of birth	
10 Policy start date 01/01/2022	11 Policy termination date 02/28/2022	12 Street address (including apartment no.) 1063 holland ridge way		
13 City or town lebanon	14 State or province TN	15 Country and ZIP or foreign postal code US 37090		

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	Sesha Alekhya dasari	xxx-xx-9996		01/01/2022	02/28/2022
17	Pavan kumar Batchu	xxx-xx-4625		01/01/2022	02/28/2022
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	761.19	830.67	265.00
22 February	761.19	830.67	265.00
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	0.00	0.00	0.00
28 August	0.00	0.00	0.00
29 September	0.00	0.00	0.00
30 October	0.00	0.00	0.00
31 November	0.00	0.00	0.00
32 December	0.00	0.00	0.00
33 Annual Totals	1,522.38	1,661.34	530.00

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

Cat. No. 60703Q

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