## Form 1095-A

# **Health Insurance Marketplace Statement**

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4	VOID

004003-155370-001-06-003-0017930-44489

Department of the Treasury Internal Revenue Service

▶ Do not attach to your tax return. Keep for your records.

CORF ► Go to www.irs.gov/Form1095A for instructions and the latest information.

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RECTED	2022

#### Part I **Recipient Information**

1 Marketplace identifier TX	2 Marketplace-assigned policy number 102771270	3 Policy issuer's name Ambetter from Superior HealthPlan		
4 Recipient's name sathyamani mullapudi	AGENT TO A STATE OF THE STATE O	5 Recipient's SSN xxx-xx-7325	6 Recipient's date of birth	
7 Recipient's spouse's name SRINIVAS MULLAPUDI	and the second second second second	8 Recipient's spouse's SSN xxx-xx-1557	9 Recipient's spouse's date of birth	
10 Policy start date 11 Policy termination date 01/01/2022 09/04/2022		12 Street address (including apartment no.) 15011 Brookwood Bridge Ln		
13 City or town Sugar Land	14 State or province	15 Country and ZIP or foreign postal code US 77498		

### Part II Covered Individuals And Annual Action of the Annual Action of th

A. Covered individual name	B. Covered individual SSN	C. Covered individual date of birth	D. Coverage start date	E. Coverage termination date
16 Gayathri Mullapudi	xxx-xx-5716	AN ATTENDED	01/01/2022	09/04/2022
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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	322.13	1,866.09	248.33
22	February	322.13	1,866.09	248.33
23	March	322.13	1,866.09	248.33
24	April	322.13	1,866.09	248.33
25	May III No Birthy see Skill July	322.13	1,866.09	248.33
26	June	322.13	1,866.09	248.33
27	July seeds seed to be ready	322.13	1,866.09	248.33
28	August	322.13	1,866.09	248.33
29	September 1967 1971 1971	42.95	1,866.09	33.11
30	October	0.00	0.00	(25 M) (4 M)
31	November	0.00	0.00	0.00
32	December	0.00	0.00	0.00
33	Annual Totals	2,619.99	16,794.81	2,019.75