

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 TX	2 Marketplace-assigned policy number 114364261	3 Policy issuer's name Scott and White Health Plan		
4 Recipient's name Farha Sultana		5 Recipient's SSN	6 Recipient's date of birth 07/30/1996	
7 Recipient's spouse's name Omer Yousuf Mohammed		8 Recipient's spouse's SSN xxx-xx-7584		9 Recipient's spouse's date of birth
10 Policy start date 05/01/2022	11 Policy termination date 12/31/2022	12 Street address (including apartment no.) 8404 Warren Pkwy 724		
13 City or town Frisco	14 State or province TX	15 Country and ZIP or foreign postal code US 75034		

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 Farha Sultana		07/30/1996	05/01/2022	12/31/2022
17 Omer Yousuf Mohammed	xxx-xx-7584		05/01/2022	12/31/2022
18 Zara Omer		10/10/2022	10/10/2022	12/31/2022
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	749.41	664.54	665.00
26 June	749.41	664.54	665.00
27 July	749.41	664.54	665.00
28 August	749.41	664.54	665.00
29 September	749.41	664.54	665.00
30 October	941.05	921.21	847.38
31 November	1,019.45	921.21	922.00
32 December	1,019.45	921.21	922.00
33 Annual Totals	6,727.00	6,086.33	6,016.38

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

Cat. No. 60703Q

Form **1095-A** (2022)

004003-155369-001-21-004-004/239-107013



Part I Recipient Information

1 Marketplace identifier TX		2 Marketplace-assigned policy number 109551217		3 Policy issuer's name Friday Health Plans	
4 Recipient's name Farha Sultana			5 Recipient's SSN		6 Recipient's date of birth 07/30/1996
7 Recipient's spouse's name Omer Yousuf Mohammed			8 Recipient's spouse's SSN xxx-xx-7584		9 Recipient's spouse's date of birth
10 Policy start date 01/01/2022		11 Policy termination date 04/30/2022		12 Street address (including apartment no.) 8404 Warren Pkwy 724	
13 City or town Frisco		14 State or province TX		15 Country and ZIP or foreign postal code US 75034	

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 Farha Sultana		07/30/1996	03/01/2022	04/30/2022
17 Omer Yousuf Mohammed	xxx-xx-7584		01/01/2022	04/30/2022
18 Farha Sultana		07/30/1997	01/01/2022	02/28/2022
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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	663.27	654.22	655.00
22 February	663.27	654.22	655.00
23 March	664.53	664.54	664.51
24 April	664.53	664.54	664.51
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	2,655.60	2,637.52	2,639.02