

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](http://www.irs.gov/Form1095A) for instructions and the latest information.

CORRECTED

**2022**

**Part I Recipient Information**

1 Marketplace identifier 02.MA*.SBE.002.002	2 Marketplace-assigned policy number 70000287252282569MA0450001	3 Policy issuer's name Boston Medical Center Health Plan Inc		
4 Recipient's name AYNUR OLMEZ		5 Recipient's SSN XXX-XX-1240	6 Recipient's date of birth 02/03/1990	
7 Recipient's spouse's name		8 Recipient's spouse's SSN	9 Recipient's spouse's date of birth	
10 Policy start date 01/01/2022	11 Policy termination date 01/31/2022	12 Street address (including apartment no.) 40 MALVERN ST APT 408		
13 City or town ALLSTON	14 State or province MA	15 Country and ZIP or foreign postal code 02134		

**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	AYNUR OLMEZ	XXX-XX-1240	02/03/1990	01/01/2022	01/31/2022
17					
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	349.87	369.40	349.87
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	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	349.87	369.40	349.87

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

Cat. No. 60703Q

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