

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 NC	2 Marketplace-assigned policy number 102209344	3 Policy issuer's name Bright HealthCare	4 Recipient's name KISHORE BABU BANERJEE	5 Recipient's SSN XXX-XX-6275	6 Recipient's date of birth
7 Recipient's spouse's name Lavanya Kishore	8 Recipient's spouse's SSN XXX-XX-4787	9 Recipient's spouse's date of birth	10 Policy start date 01/01/2022	11 Policy termination date 01/27/2022	12 Street address (including apartment no.) 9989 VIOLET CANNON DR NW
13 City or town CONCORD	14 State or province NC	15 Country and ZIP or foreign postal code US 28027			

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 KISHORE BABU BANERJEE	XXX-XX-6275		01/01/2022	01/27/2022
17 Lavanya Kishore	XXX-XX-4787		01/01/2022	01/27/2022
18 Brenden Shawn Kishore	XXX-XX-0554		01/01/2022	01/27/2022
19 Rayden Liam Kishore		12/18/2020	01/01/2022	01/27/2022
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	1,381.25	1,503.01	765.58
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	1,381.25	1,503.01	765.58

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

Cat. No. 607030Q

Form **1095-A** (2022)

004003-155369-001-11-009-0195325-153823

Employer-Provided Health Insurance Offer and Coverage

VOID CORRECTED

OMB No. 1545-2281 2022 500120

Part I Employee

Name of employee (last name, middle initial, first name): KESORE BARU BANERJEE
Street address (including apartment no.): 5555 VIOLET CANNON DR NW CONCORD NC
City or town: CONCORD NC
County and ZIP or foreign postal code: 28027
Social security number (SSN): ***-**-6275
Applicable Large Employer Member (Employer): BANK OF AMERICA NATIONAL ASSOCIATION
Street address (including room or suite no.): 401 NORTH TRYON ST SUITE 170
City or town: CHARLOTTE NC
State or province: NC
Contact telephone number: 800-556-6044
Country and ZIP or foreign postal code: 28202

Part II Employee Offer of Coverage

Table with columns for months (Jan-Dec) and rows for Employee's Age on January 1, Plan Start Month, and Employee Contribution (Individual, Family, Other). Includes a row for 'Other Coverage' with 1H and 2A codes.

Part III Covered Individuals - If Employer provided self-insured coverage, check the box and enter the information for each individual enrolled in coverage, including the employee.

Table for covered individuals with columns for (a) Name of covered individual(s), (b) SSN or other TIN, (c) DOB, (d) Covered all 12 months, and (e) Months of coverage (Jan-Dec).