## Form 1095-A

## Health Insurance Marketplace Statement

VOIE

CORRECTED

OMB No. 1545-2232

**2022** 

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.

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1 Marketplace identifier	2 Marketplace-assigned policy number	3 Policy issuer's name Keystone Health Plan East, Inc		
Pennsylvania	653682			
4 Recipient's name		5 Recipient's SSN	6 Recipient's date of birth	
Charan Multani		***-**-6055		
7 Recipient's spouse's name		8 Recipient's spouse's SSN	9 Recipient's spouse's date of birth	
Paramjit Kaur		***-**-3331		
10 Policy start date	11 Policy termination date	12 Street address (including apartment no.)		
01/01/2022	01/31/2022	147 Ashby Rd		
13 City or town	14 State or province	15 Country and ZIP or foreign postal code		
Upper Darby	PA	19082		

## Part | Covered Individuals

A. Covered individual name	B. Covered individual SSN	C. Covered individual date of birth	D. Coverage start date	E. Coverage termination date
Serbuttam Multani	***-**-4229		01/01/2022	01/31/2022
Paramjit Kaur	***-**-3331		01/01/2022	01/31/2022
Devinder Multani 18	***-**-1470		01/01/2022	01/31/2022
19				
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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	1550.52	1313.46	1297.79
22 February			
23 March			the second state of the second
24 April			
<b>25</b> May			
26 June			
27 July			
28 August			
29 September			
30 October			
31 November 32 December			
33 Annual Totals	1550.52	1313.46	1297.79