

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.

 CORRECTED**2022**▶ Go to www.irs.gov/Form1095A for instructions and the latest information.**Part I Recipient Information**

1 Marketplace identifier TX	2 Marketplace-assigned policy number 123874796	3 Policy issuer's name Blue Cross and Blue Shield of Texas		
4 Recipient's name Hareesh Kilari		5 Recipient's SSN xxx-xx-5427	6 Recipient's date of birth	
7 Recipient's spouse's name Vijayalakshmi Mupparaju		8 Recipient's spouse's SSN	9 Recipient's spouse's date of birth 05/14/1995	
10 Policy start date 11/01/2022	11 Policy termination date 12/31/2022	12 Street address (including apartment no.) 501 Colt Dr 1109		
13 City or town Forney	14 State or province TX	15 Country and ZIP or foreign postal code US 75126		

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 Hareesh Kilari	xxx-xx-5427		11/01/2022	12/31/2022
17 Vijayalakshmi Mupparaju		05/14/1995	11/01/2022	12/31/2022
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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	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	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	935.35	1,037.51	935.35
32 December	935.35	1,037.51	935.35
33 Annual Totals	1,870.70	2,075.02	1,870.70

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

Cat. No. 60703Q

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