

Health Insurance Marketplace Statement

VOID
 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.

Part I Recipient Information

1 Marketplace identifier NC	2 Marketplace-assigned policy number 113897065	3 Policy issuer's name UnitedHealthcare		
4 Recipient's name Ramanathan Krishnan		5 Recipient's SSN xxx-xx-8932	6 Recipient's date of birth	
7 Recipient's spouse's name		8 Recipient's spouse's SSN	9 Recipient's spouse's date of birth	
10 Policy start date 04/01/2022	11 Policy termination date 07/31/2022	12 Street address (including apartment no.) 500 Revere Crossing Ln Apt 104		
13 City or town Cary	14 State or province NC	15 Country and ZIP or foreign postal code US 27519		

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 Ramanathan Krishnan	xxx-xx-8932		04/01/2022	07/31/2022
17 valliammai Periakaruppan		08/14/1995	04/01/2022	07/31/2022
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	0.00	0.00	0.00
22 February	0.00	0.00	0.00
23 March	0.00	0.00	0.00
24 April	817.13	0.00	0.00
25 May	817.13	0.00	0.00
26 June	817.13	0.00	0.00
27 July	817.13	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	3,268.52	0.00	0.00

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