## Form 1095-A

## **Health Insurance Marketplace Statement**

OMB No. 1545-2232

20**23** 

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

1 Marketplace identifier	2 Marketplace-assigned policy number	3 Policy issuer's name	
TX	135714807	Cigna Healthcare	
4 Recipient's name		5 Recipient's SSN	6 Recipient's date of birth
Erin Marguerite Foley		xxx-xx-7333	
7 Recipient's spouse's name		8 Recipient's spouse's SSN	9 Recipient's spouse's date of birth
Sandeep Gujjari		xxx-xx-3527	
10 Policy start date	11 Policy termination date	12 Street address (including apartment no.)	
08/01/2023	09/29/2023	851 Lake Carolyn Pkwy Apt 330	
13 City or town	14 State or province	15 Country and ZIP or foreign postal code	
Irving	TX	US 75039	

## Part II Covered Individuals

A. Covered individual name	<b>B.</b> Covered individual SSN	C. Covered individual date of birth	<b>D.</b> Coverage start date	E. Coverage termination date
16 Erin Marguerite Foley	xxx-xx-7333		08/01/2023	09/29/2023
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	0.00	0.00	0.00
<b>22</b> February	0.00	0.00	0.00
23 March	0.00	0.00	0.00
<b>24</b> April	0.00	0.00	0.00
<b>25</b> May	0.00	0.00	0.00
<b>26</b> June	0.00	0.00	0.00
<b>27</b> July	0.00	0.00	0.00
28 August	375.55	362.72	85.00
<b>29</b> September	363.03	362.72	82.17
<b>30</b> October	0.00	0.00	0.00
31 November	0.00	0.00	0.00
<b>32</b> December	0.00	0.00	0.00
33 Annual Totals	738.58	725.44	167.17