

Part I Recipient Information

1 Marketplace identifier TX	2 Marketplace-assigned policy number 132119575	3 Policy issuer's name UnitedHealthcare		
4 Recipient's name Erin Marguerite Foley		5 Recipient's SSN xxx-xx-7333	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 02/01/2023	11 Policy termination date 03/31/2023	12 Street address (including apartment no.) 851 Lake Carolyn Pkwy Apt 330		
13 City or town Irving	14 State or province TX	15 Country and ZIP or foreign postal code US 75039		

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	Erin Marguerite Foley	xxx-xx-7333		02/01/2023	03/31/2023
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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	356.84	0.00	0.00
23 March	356.84	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	713.68	0.00	0.00