

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.
▶ Go to www.irs.gov/Form1095A for instructions and the latest information. CORRECTED**2023****Part I Recipient Information**

1 Marketplace identifier IL	2 Marketplace-assigned policy number 128326634	3 Policy issuer's name UnitedHealthcare
4 Recipient's name FNU MISBA NAZISH	5 Recipient's SSN	6 Recipient's date of birth 05/12/1995
7 Recipient's spouse's name FAHAD KHAYYAM	8 Recipient's spouse's SSN xxx-xx-7863	9 Recipient's spouse's date of birth
10 Policy start date 01/01/2023	11 Policy termination date 12/31/2023	12 Street address (including apartment no.) 9122 N Lincoln Dr Apt 2D
13 City or town Des Plaines	14 State or province IL	15 Country and ZIP or foreign postal code US 60016

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 FNU MISBA NAZISH		05/12/1995	01/01/2023	12/31/2023
17 FAHAD KHAYYAM	xxx-xx-7863		01/01/2023	12/31/2023
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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	745.84	662.53	163.00
22 February	745.84	662.53	163.00
23 March	745.84	662.53	163.00
24 April	745.84	662.53	163.00
25 May	745.84	662.53	163.00
26 June	745.84	662.53	163.00
27 July	745.84	662.53	163.00
28 August	745.84	662.53	163.00
29 September	745.84	662.53	163.00
30 October	745.84	662.53	163.00
31 November	745.84	662.53	163.00
32 December	745.84	662.53	163.00
33 Annual Totals	8,950.08	7,950.36	1,956.00

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

Cat. No. 60703Q

Form **1095-A** (2023)

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