

Part I Recipient Information

1 Marketplace identifier New York		2 Marketplace-assigned policy number 25303NY046000100110421360013 540909202301010000		3 Policy issuer's name New York Quality Healthcare Corporation	
4 Recipient's name Sanath Kumar Garrepally			5 Recipient's SSN xxx-xx-3279		6 Recipient's date of birth
7 Recipient's spouse's name Divya Gorroju			8 Recipient's spouse's SSN xxx-xx-5210		9 Recipient's spouse's date of birth
10 Policy start date 2023-01-01		11 Policy termination date 2023-12-31		12 Street address (including apartment no.) 1 Downing Sq Apt C	
13 City or town Guilderland		14 State or province NY		15 Country and ZIP or foreign postal code 12084-9402	

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 Divya Gorroju	xxx-xx-5210		2023-01-01	2023-12-31
17 Sanath Kumar Garrepally	xxx-xx-3279		2023-01-01	2023-12-31
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	1052.03	1052.02	433.00
22 February	1052.03	1052.02	433.00
23 March	1052.03	1052.02	433.00
24 April	1052.03	1052.02	433.00
25 May	1052.03	1052.02	433.00
26 June	1052.03	1052.02	433.00
27 July	1052.03	1052.02	433.00
28 August	1052.03	1052.02	433.00
29 September	1052.03	1052.02	433.00
30 October	1052.03	1052.02	433.00
31 November	1052.03	1052.02	433.00
32 December	1052.03	1052.02	433.00
33 Annual Totals	12624.36	12624.24	5196.00