Form 1095-A

Health Insurance Marketplace Statement

VOID

CORRECTED

OMB No. 1545-223

2023

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

Marketplace identifier NC	2 Marketplace-assigned policy number 136547070	3 Policy issuer's name Blue Cross and Blue Shield of NC		
4 Recipient's name Padmaja Samala		5 Recipient's SSN xxx-xx-2688	6 Recipient's date of birth	
7 Recipient's spouse's name Naresh Kumar Samala		8 Recipient's spouse's SSN xxx-xx-6598	9 Recipient's spouse's date of birth	
10 Policy start date 08/01/2023	11 Policy termination date 12/31/2023	12 Street address (including apartment no.) 707 Toulouse Ct		
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 dat
16 Padmaja Samala	xxx-xx-2688	en e	08/01/2023	12/31/2023
17 Naresh Kumar Samala	xxx-xx-6598		08/01/2023	12/31/2023
18 Aditeya Sashreek Samala		09/27/2009	08/01/2023	12/31/2023
19 Adwiti Samala	xxx-xx-8198	algo and Berell	08/01/2023	12/31/2023
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	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	1,230.81	1,527.07	635.00
29 September	1,230.81	1,527.07	635.00
30 October	1,230.81	1,527.07	635.00
31 November	1,230.81	1,527.07	635.00
32 December	1,230.81	1,527.07	635.00
33 Annual Totals	6,154.05	7,635.35	3,175.00

