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.

2023

## Part I Recipient Information

1 Marketplace identifier	2 Marketplace-assigned policy number	3 Policy issuer's name	
02.NM*.SBE.001.001	675605NM0390119	BlueCross BlueShield of New Mexico	
4 Recipient's name		5 Recipient's SSN	6 Recipient's date of birth
Ugesh Egala		*** - ** - 7624	
7 Recipient's spouse's name		8 Recipient's spouse's SSN	9 Recipient's spouse's date of birth
10 Policy start date	11 Policy termination date	12 Street address (including apartment no.)	
January 01, 2023	January 31, 2023	1811 LEAD AVE SE, APT 17	
13 City or town	14 State or province	15 Country and ZIP or foreign postal code	
ALBUQUERQUE	NM	87106	

## Part II Covered Individuals

A. Covered individual name	B. Covered individual SSN	<b>C.</b> Covered individual date of birth	D. Coverage start date	E. Coverage termination date
16 Ugesh Egala	*** - ** - 7624		January 01, 2023	January 31, 2023
17				
18				
19				
_20				

## Part III Coverage Information

27 July	\$0.00	\$0.00	\$0.00
27 July			
	\$0.00	\$0.00	\$0.00
<b>28</b> August	\$0.00	\$0.00	\$0.00
8 August	\$0.00	\$0.00	\$0.00
<b>B</b> August	\$0.00	\$0.00	\$0.00
August	\$0.00		\$0.00
Contombor	\$0.00	\$0.00	\$0.00
September	\$0.00	\$0.00	\$0.00
·			
0 October	\$0.00	\$0.00	\$0.00
		ç3.00	
d Neversleev	\$0.00	¢0.00	\$0.00
1 November	\$0.00	\$0.00	\$0.00
2 December	\$0.00	\$0.00	\$0.00
		·	·
3 Annual Totals	\$337.74	\$335.39	\$0.00
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For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

Cat. No. 60703Q

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