Form 1095-A

Health Insurance Marketplace Statement

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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.

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Part I	Recipient	Information

Marketplace identifier TX	2 Marketplace-assigned policy number 127261783	3 Policy issuer's name Cigna Healthcare	
4 Recipient's name ARIF QADIR MOHIUDDIN		5 Recipient's SSN XXX-XX-7006	6 Recipient's date of birth
7 Recipient's spouse's name BUSHRA YASMEEN		8 Recipient's spouse's SSN XXX-XX-7367	9 Recipient's spouse's date of birth
10 Policy start date 01/01/2023	11 Policy termination date 01/31/2023	12 Street address (including apartment no.) 4533 Red Barn	
13 City or town Richardson	14 State or province	15 Country and ZIP or foreign postal code US 75082	

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 ARIF QADIR MOHIUDDIN	xxx-xx-7006		01/01/2023	01/31/2023
17 BUSHRA YASMEEN	xxx-xx-7367		01/01/2023	01/31/2023
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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	1,845.94	1,801.82	1,802.00
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	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
	Annual Totals	1,845.94	1,801.82	1,802.00

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

Cat. No. 60703Q

Form 1095-A (2023)

