

Part I Recipient Information

1 Marketplace identifier WI	2 Marketplace-assigned policy number 65932377	3 Policy issuer's name Group Health Cooperative-SCW		
4 Recipient's name Shilpa Aitipamula		5 Recipient's SSN xxx-xx-7948	6 Recipient's date of birth	
7 Recipient's spouse's name Kiran Kumar Rapolu		8 Recipient's spouse's SSN	9 Recipient's spouse's date of birth 08/01/1975	
10 Policy start date 04/01/2018	11 Policy termination date 12/31/2018	12 Street address (including apartment no.) 7426 Timber Lake Trl Apt 103		
13 City or town Madison	14 State or province WI	15 Country and ZIP or foreign postal code US 53719-3331		

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	Shilpa Aitipamula	xxx-xx-7948		04/01/2018	12/31/2018
17	Kiran Kumar Rapolu		08/01/1975	04/01/2018	09/30/2018
18	Isha Rapol	xxx-xx-4954		04/01/2018	12/31/2018
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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	0.00	0.00	0.00
22 February	0.00	0.00	0.00
23 March	0.00	0.00	0.00
24 April	1,452.58	1,196.11	678.00
25 May	1,452.58	1,196.11	678.00
26 June	1,452.58	1,196.11	678.00
27 July	1,452.58	1,196.11	678.00
28 August	1,452.58	1,196.11	678.00
29 September	1,452.58	1,196.11	678.00
30 October	896.30	728.88	211.00
31 November	896.30	728.88	211.00
32 December	896.30	728.88	211.00
33 Annual Totals	11,404.38	9,363.30	4,701.00