# Form 1095-A

# **Health Insurance Marketplace Statement**

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CORRECTED

OMB No. 1545-2232

20**17** 

Department of the Treasury Internal Revenue Service

▶ Do not attach your tax return. Keep for your records. ► Go to www.irs.gov/Form1095A for instructions and the latest information.

Part I Recipient Inform		3 Policy issuer's name		
Marketplace identifier     California	2 Marketplace-assigned policy number 40513CA038000401:6911971	Kaiser		
4 Recipient's name  Venu Babu Donthula  7 Recipient's spouse's name  Srilatha Donthula  10 Policy start date  05/01/2017  11 Policy termination date  12/31/2017		5 Recipient's SSN 623796566	6 Recipient's date of birth 08/24/1976	
		8 Recipient's spouse's SSN	9 Recipient's spouse's date of birth 08/02/1983	
		12 Street address (including apartment no.) 936 S Blake St		
13 City or town Mountain House	14 State or province CA	15 Country and ZIP or foreign post 95391	tal code	

## Part II Covered Individuals

Mountain House

	A. Covered Individual name	B. Covered Individual SSN	C. Covered Individual date of birth	D. Coverage start date	E. Coverage termination da
	Harini Donthula		09/24/2005	06/01/2017	12/31/2017
6	Madhav Donthula		06/25/2007	06/01/2017	12/31/2017
7	Venu Babu Donthula	623796566	08/24/1976	06/01/2017	12/31/2017
8	Srilatha Donthula		08/02/1983	05/01/2017	12/31/2017
19	Smatria Donthula				

## **Coverage Information** Part III

Month	A. Monthly enrollment premiums	<b>B.</b> Monthly second lowest cost silver plan (SLCSP) premium	C. Monthly advance payment of premium tax credit
12 Innuant	0	0	0
1 January 2 February	0	0	0
3 March	0	0	0
	0	0	0
24 April	\$244.28	\$336.83	0
25 May	\$763.83	\$1,053.24	\$212.77
26 June	\$763.83	\$1,053.24	\$212.77
27 July	\$763.83	\$1,053.24	\$212.77
28 August	\$763.83	\$1,053.24	\$212.77
<ul><li>29 September</li><li>30 October</li></ul>	\$763.83	\$1,053.24	\$212.77
31 November	\$763.83	\$1,053.24	\$212.77
32 December	\$763.83	\$1,053.24	\$212.77
33 Annual Totals	\$5,591.09	\$7,709.51	\$1,489.39

Department of the Treasury Internal Revenue Service

## **Health Insurance Marketplace Statement**

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20 **17** 

OMB No. 1545-2232

Part I	Recipient	Information

Marketplace identifier     California	2 Marketplace-assigned policy number 40513CA038000401:4520917	3 Policy issuer's name Kaiser	
4 Recipient's name Venu Babu Donthula		5 Recipient's SSN 623796566	6 Recipient's date of birth 08/24/1976
7 Recipient's spouse's name Srilatha Donthula		8 Recipient's spouse's SSN	9 Recipient's spouse's date of birth 08/02/1983
10 Policy start date		12 Street address (including apartment no.) 936 S Blake St	
3 City or town 14 State or province CA		15 Country and ZIP or foreign postal code 95391	

### **Covered Individuals** Part II

	A. Covered Individual name	B. Covered Individual SSN	C. Covered Individual date of birth	D. Coverage start date	E. Coverage termination date
16	Madhav Donthula		06/25/2007	01/01/2017	04/30/2017
17	Srilatha Donthula		08/02/1983	01/01/2017	04/30/2017
18	Harini Donthula		09/24/2005	01/01/2017	04/30/2017
19	Venu Babu Donthula	623796566	08/24/1976	01/01/2017	04/30/2017
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### **Coverage Information** Part III

Month	A. Monthly enrollment premiums	<b>B.</b> Monthly second lowest cost silver plan (SLCSP) premium	C. Monthly advance payment of premium tax credit
21 January	\$763.83	\$1,053.24	\$275.51
22 February	\$763.83	\$1,053.24	\$275.51
23 March	\$763.83	\$1,053.24	\$275.51
24 April	\$763.83	\$1,053.24	\$275.51
25 May	0	0	0
26 June	0	0	0
<b>27</b> July	0	0	0
28 August	0	0	0
29 September	0	0	0
30 October	0	0	0
31 November	0	0	0
32 December	0	0	0
33 Annual Totals	\$3,055.32	\$4,212.96	\$1,102.04

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