## Form 1095-A

## **Health Insurance Marketplace Statement**

VOID

CORRECTED

OMB No. 1545-2232

20 **17** 

Department of the Treasury Internal Revenue Service

fremont

▶ Do not attach your tax return. Keep for your records.

CA

► Go to www.irs.gov/Form1095A for instructions and the latest information.

Recipient Inform	ation			
1 Marketplace identifier	2 Marketplace-assigned policy number	3 Policy issuer's name		
California 70285CA129000101:4490869		Blue Shield		
4 Recipient's name		5 Recipient's SSN	6 Recipient's date of birth	
SAI KRISHNA MAKINENI		171593900	12/05/1991	
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 apartn	nent no.)	
06/01/2017 12/31/2017		3777 mowry ave		
13 City or town	14 State or province	15 Country and 7IP or foreign post:	al code	

94538

## Part II Covered Individuals

	A. Covered Individual name	<b>B.</b> Covered Individual SSN	C. Covered Individual date of birth	<b>D.</b> Coverage start date	E. Coverage termination date
16	SAI KRISHNA MAKINENI	171593900	12/05/1991	06/01/2017	12/31/2017
17					
18					
19					
20					

## Part III Coverage Information

Month	A. Monthly enrollment premiums	<b>B.</b> Monthly second lowest cost silver plan (SLCSP) premium	<b>C.</b> Monthly advance payment of premium tax credit
21 January	0	0	0
<b>22</b> February	0	0	0
23 March	0	0	0
<b>24</b> April	0	0	0
<b>25</b> May	0	0	0
<b>26</b> June	\$325.81	\$325.81	0
<b>27</b> July	\$325.81	\$325.81	0
28 August	\$325.81	\$325.81	0
<b>29</b> September	\$325.81	\$325.81	0
<b>30</b> October	\$325.81	\$325.81	0
31 November	\$325.81	\$325.81	0
<b>32</b> December	\$325.81	\$325.81	0
33 Annual Totals	\$2,280.67	\$2,280.67	0
or Privacy Act and Panerw	ork Reduction Act Notice, see separate in	structions. Cat No.	507030 Form <b>1095-A</b> (201