

Part I Recipient Information

1 Marketplace identifier California	2 Marketplace-assigned policy number 70285CA129000101:449086995	3 Policy issuer's name Blue Shield		
4 Recipient's name SAI KRISHNA MAKINENI		5 Recipient's SSN 171593900	6 Recipient's date of birth 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 06/01/2017	11 Policy termination date 12/31/2017	12 Street address (including apartment no.) 3777 mowry ave		
13 City or town fremont	14 State or province CA	15 Country and ZIP or foreign postal code 94538		

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	SAI KRISHNA MAKINENI	171593900	12/05/1991	06/01/2017	12/31/2017
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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	0	0
22 February	0	0	0
23 March	0	0	0
24 April	0	0	0
25 May	0	0	0
26 June	\$325.81	\$325.81	0
27 July	\$325.81	\$325.81	0
28 August	\$325.81	\$325.81	0
29 September	\$325.81	\$325.81	0
30 October	\$325.81	\$325.81	0
31 November	\$325.81	\$325.81	0
32 December	\$325.81	\$325.81	0
33 Annual Totals	\$2,280.67	\$2,280.67	0