



VARUN GAUR  
2 POST OAK LN  
APT 6  
NATICK, MA 01760

January 14, 2020

## **IMPORTANT: Use your *Form 1095-A* for filing 2019 taxes**

Dear VARUN GAUR,

**You are receiving a *Form 1095-A* because you were enrolled in health insurance coverage through the Health Connector for at least one month in 2019.** This form has important information that you will need when filing your federal income tax return for 2019. Bring your *Form 1095-A* with you when you meet with your tax preparer, or have it ready when you prepare your own returns. As required by law, a copy of this information has been sent to the Internal Revenue Service (IRS).

**Important:** You must file taxes if you received an Advance Premium Tax Credit in 2019. If you were enrolled in a ConnectorCare plan, you received Advance Premium Tax Credits and will need to file taxes—even if you have very low income and didn't need to file in the past. If you don't file, you won't be able to get help paying for your health insurance in the future. If you're not sure if you received an Advance Premium Tax Credit in 2019, you can learn more on the FAQ page included with this letter.

### **What you need to do with *Form 1095-A***

- 1. Make sure the information on your *Form 1095-A* is correct.** Use the checklist on the next page to check your form. Let us know as soon as possible if any of the information on your form is not right. Please let us know by mid-March to avoid delays with your tax filing.
- 2. File a federal income tax return with *IRS Form 8962*** if you received an Advance Premium Tax Credit or want to claim a Premium Tax Credit.
- 3. Keep a copy of *Form 1095-A* for your records.**

### **Why do I need a *1095-A* form?**

If you received an Advance Premium Tax Credit in 2019, you'll need the information from your *Form 1095-A* to fill out *IRS Form 8962* when you file your federal tax return. The questions from *IRS Form 8962* help the IRS make sure that you got the right amount of tax credit for health insurance in 2019. The amount of tax credit you were given was based on your

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estimated income. If your actual income was more than what you estimated, you may have to pay back some or all of the tax credit. Or, you could get a refund if your income was less than what you estimated.

If you did not get an Advance Premium Tax Credit, but want to claim a premium tax credit on your tax return, you will also need to fill out *IRS Form 8962* to find out if you qualify. **Note:** If you received an Advance Premium Tax Credit in 2019, or want to claim a premium tax credit for this year, **you cannot file your taxes with form 1040 EZ.**

## Is your information correct?

### Part 1 (I) of Form 1095-A

- Do fields 10 and 11 show the right dates for the months you were covered by the Health Connector?

**Important:** You only need to check your 1095-A for the months you were enrolled with the Health Connector. If you had coverage from another source in 2019 (such as a job) you will get more form(s) from those sources, showing your other months of coverage.

### Part 2 (II) of Form 1095-A

- Is the information about people covered under your health insurance plan correct?

### Part 3 (III) of Form 1095-A

- Does Column C show the right amount of tax credit applied to your 2019 premiums?

*Please note the following:*

In **Column A of Part 3**, the monthly premium shown will not match exactly the amount that you are used to paying each month. You can learn more about this on the FAQ page or on our website at [www.MAhealthconnector.org/taxes](http://www.MAhealthconnector.org/taxes).

In **Column B of Part 3**, we will show the cost of the second lowest-cost Silver plan available to your tax household in 2019, which was used to determine your tax credit amount. You can learn more about this on the FAQ page or on our website.

## For questions or changes to your form

We've included a Frequently Asked Questions (FAQ) page with this letter to help you with questions. You can also learn more on our website at: [www.MAhealthconnector.org/taxes](http://www.MAhealthconnector.org/taxes)

If you think information on your *Form 1095-A* is wrong, please call Customer Service as soon as possible. To allow us enough time to process a corrected form and avoid problems with late filing, please call us by **mid-March** if you think you need a correction. You can call us at 1-877-MA ENROLL (1-877-623-6765) or TTY: 1-877-623-7773.

## If you already filed your tax return

You may need to file an amended federal income tax return if you filed your tax return before you got a *Form 1095-A*. For more information on how to file an amended return, go to [irs.gov](http://irs.gov) and search for "amended return".

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## **How to get help with your taxes**

Many people can get free tax help from programs such as Volunteer Income Tax Assistance (VITA) and Tax Counseling for the Elderly (TCE). Go to **[www.MAhealthconnector.org/taxes](http://www.MAhealthconnector.org/taxes)** to learn more about getting free help with your taxes. Or you can call **800-906-9887** to find help near you.

Thank you,

Massachusetts Health Connector

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To get this information in English **large print** or **Braille**, call 1-877-623-6765. TTY: 1-877-623-7773.

**Important!** This has important information about your health insurance. If you want the information translated into your own language, call **1-877-623-6765**.

**¡Importante!** Esto tiene información importante sobre su seguro de salud. Si usted quiere la información traducida a su propio idioma, llame al **1-877-623-6765**.

*Spanish*

**សំខាន់!**

កុំភ្លេចសម្រេចចិត្តសំខាន់អំពីការធានារ៉ាប់រងសុខភាពរបស់អ្នក។ ប្រសិនបើអ្នកចង់បានព័ត៌មានបន្ថែមសម្រាប់ភាសារបស់អ្នកសូមទូរស័ព្ទមកលេខ**1-877-623-6765**។

*Cambodian*

**重要提示：**該文件載有關於您的醫療保險的重要資訊。如果您想要將相關資訊翻譯為您的母語，請致電 **1-877-623-6765**。

*Traditional Chinese*

**重要提示：**该文件载有关于您的医疗保险的重要信息。如果您想要将相关信息翻译为您的母语，请致电 **1-877-623-6765**。

*Simplified Chinese*

**Enpòtan!** Sa a gen enfòmasyon enpòtan ou asirans sante ou. Si w vle nou tradwi enfòmasyon an nan pwòp lang ou rele **1-877-623-6765**.

*Haitian Creole*

**ສິ່ງສຳຄັນ!**

ນີ້ມີຂໍ້ມູນທີ່ສຳຄັນກ່ຽວກັບການປະກັນໄພສຸຂະພາບຂອງທ່ານ. ຖ້າຫາກທ່ານຕ້ອງການຂໍ້ມູນຂ່າວສານເຂົ້າໃນການແປພາສາໃຫ້ຫາ **1-877-623-6765** ຂອງຕົນເອງຂອງທ່ານ.

*Laotian*

**Importante!** Neste pacote há informações importantes sobre o seu seguro-saúde. Se quiser que as informações sejam traduzidas para o seu idioma, ligue para **1-877-623-6765**.

*Brazilian Portuguese*

**Importante!** Contém informações importantes sobre o seu seguro de saúde. Se desejar a tradução das informações para a sua língua, contacte-nos pelo telefone **1-877-623-6765**.

*European Portuguese*

**Важная информация!** Здесь содержится важная информация о Вашем медицинском страховании. Если Вы хотите, чтобы информация была переведена на Ваш родной язык, позвоните по номеру: **1-877-623-6765**.

*Russian*

**Lưu ý quan trọng!** Đây là thông tin quan trọng về bảo hiểm y tế của quý vị. Nếu quý vị muốn có bản dịch thông tin này bằng ngôn ngữ của quý vị, hãy gọi số **1-877-623-6765**.

*Vietnamese*

ہام! یتضمن هذا معلومات مهمة عن تأمينك الصحي. إذا كنت تريد ترجمة المعلومات إلى لغتك فاتصل برقم **1-877-623-6765**.

*Arabic*

**Important!** Ceci contient des informations importantes au sujet de votre assurance santé. Si vous désirez une traduction de ces informations dans votre langue, appelez le : **1-877-623-6765**.

*French*

**Σημαντικό!** Το παρόν περιέχει σημαντικές πληροφορίες σχετικά με την ασφάλεια ζωής σας. Εάν επιθυμείτε να μεταφραστούν οι πληροφορίες αυτές στη γλώσσα σας, καλέστε στο **1-877-623-6765**.

*Greek*

**મહત્વપૂર્ણ!** આમાં તમારી આરોગ્ય વીમા વિશેની મહત્વપૂર્ણ જાણકારી છે. જો તમારે તમારી ભાષામાં આ જાણકારીનો અનુવાદ જોઈએ તો,

**1-877-623-6765** પર કોલ કરો.

*Gujarati*

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**महत्वपूर्ण!** इसमें आपके स्वास्थ्य बीमा के बारे में महत्वपूर्ण जानकारी है। यदि आप अपनी भाषा में इस जानकारी का अनुवाद चाहते हैं, तो **1-877-623-6765** पर कॉल करें।

*Hindi*

**Importante!** Questo documento contiene informazioni importanti sulla sua assicurazione sanitaria. Se desidera averne la traduzione nella sua lingua, chiami il numero

**1-877-623-6765.**

*Italian*

**중요!** 귀하의 건강 보험에 관한 중요한 내용입니다. 해당 내용을 귀하가 사용하는 언어로 번역을 원하시면 **1-877-623-6765**로 연락하십시오.

*Korean*

**Ważne!** Tutaj zawarte są ważne informacje na temat Państwa ubezpieczenia zdrowotnego. Jeśli chcą Państwo, aby te informacje zostały przetłumaczone na Państwa język, proszę zadzwonić na numer **1-877-623-6765.**

*Polish*

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## Discrimination is against the law

The Health Connector complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. The Health Connector does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

The Health Connector provides free aids and services to people with disabilities to communicate effectively with us. These aids and services include:

- Qualified sign language interpreters
- Written information in other formats like large print, audio, accessible electronic formats, and other formats.

The Health Connector provides free language services to people whose primary language is not English. These services include qualified interpreters and information written in other languages

If you need these services, contact the Massachusetts Health Connector at 1-877-MA-ENROLL (1-877-623-6765) or TTY 1-877-623-7773.

### You can file a grievance if you think you have been discriminated against

If you believe that the Health Connector or another party operating on the exchange has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with the Health Connector or the U.S. Department of Health and Human Service Office for Civil Rights.

If you want to file a grievance with the Health Connector, please visit our website to download our policy and complaint form. You can find these documents online at: [www.MAhealthconnector.org/site-policies/nondiscrimination-notice](http://www.MAhealthconnector.org/site-policies/nondiscrimination-notice).

**If you need help filing a grievance**, please email the Health Connector's Compliance Manager at [Nondiscrimination@state.ma.us](mailto:Nondiscrimination@state.ma.us) or call 617-936-1037.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights. To learn more about filing a complaint, call 1-800-368-1019, 800-537-7697 (TDD) or go to their website at: [www.hhs.gov/civil-rights/filing-a-complaint](http://www.hhs.gov/civil-rights/filing-a-complaint).

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Form **1095-A**

**Health Insurance Marketplace Statement**  VOID

OMB No. 1545-2232

Department of the Treasury  
Internal Revenue Service

▶ Do not attach to your tax return. Keep for your records  CORRECTED  
▶ Go to [www.irs.gov/Form1095A](http://www.irs.gov/Form1095A) for instructions and the latest information

**2019**

**Part I** Recipient Information

1 Marketplace identifier MA	2 Marketplace-assigned policy number 700001233639-41304MA0021273	3 Policy issuer's name AllWays Health Partners, Inc.		
4 Recipient's name VARUN GAUR		5 Recipient's SSN ***-**-0701	6 Recipient's date of birth December 28, 1984	
7 Recipient's spouse's name MINAKSHI GAUR		8 Recipient's spouse's SSN	9 Recipient's spouse's date of birth January 18, 1986	
10 Policy start date January 1, 2019	11 Policy termination date June 30, 2019	12 Street address (including apartment no.) 2 POST OAK LN APT 6		
13 City or town NATICK	14 State or province MA	15 Country and ZIP or foreign postal code 01780		

**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 VARUN GAUR	***-**-0701	December 28, 1984	January 1, 2019	June 30, 2019
17 MINAKSHI GAUR		January 18, 1986	January 1, 2019	June 30, 2019
18				
19				
20				

**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	921.10	634.62	159.00
22 February	921.10	634.62	159.00
23 March	921.10	634.62	159.00
24 April	921.10	634.62	161.00
25 May	921.10	634.62	161.00
26 June	921.10	634.62	161.00
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
33 Annual Totals	5526.60	3807.72	960.00

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

Cat. No. 60703Q

Form **1095-A** (2019)

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## Instructions for Recipient

You received this Form 1095-A because you or a family member enrolled in health insurance coverage through the Health Insurance Marketplace. This Form 1095-A provides information you need to complete Form 8962, Premium Tax Credit (PTC). You must complete Form 8962 and file it with your tax return (Form 1040, Form 1040-SR or Form 1040-NR) if any amount other than zero is shown in Part III, column C, of this Form 1095-A (meaning that you received premium assistance through advance payments of the premium tax credit (also called advance credit payments)) or if you want to take the premium tax credit. The filing requirement applies whether or not you're otherwise required to file a tax return. If you are filing Form 8962, you cannot file Form 1040-NR-EZ, Form 1040-SS, or Form 1040-PR. The Marketplace has also reported the information on this form to the IRS. If you or your family members enrolled at the Marketplace in more than one qualified health plan policy, you will receive a Form 1095-A for each policy. Check the information on this form carefully. Please contact your Marketplace if you have questions concerning its accuracy. If you or your family members were enrolled in a Marketplace catastrophic health plan or separate dental policy, you aren't entitled to take a premium tax credit for this coverage when you file your return, even if you received a Form 1095-A for this coverage. For additional information related to Form 1095-A, go to [www.irs.gov/Affordable-Care-Act/Individuals-and-Families/Health-Insurance-Marketplace-Statements](http://www.irs.gov/Affordable-Care-Act/Individuals-and-Families/Health-Insurance-Marketplace-Statements).

**Additional Information.** For additional information about the tax provisions of the Affordable Care Act (ACA), including the individual shared responsibility provisions and the premium tax credit, see [www.irs.gov/Affordable-Care-Act/Individuals-and-Families](http://www.irs.gov/Affordable-Care-Act/Individuals-and-Families) or call the IRS Healthcare Hotline for ACA questions (1-800-919-0452).

**VOID box.** If the "VOID" box is checked at the top of the form, you previously received a Form 1095-A for the policy described in Part I. That Form 1095-A was sent in error. You shouldn't have received a Form 1095-A for this policy. Don't use the information on this or the previously received Form 1095-A to figure your premium tax credit on Form 8962.

**CORRECTED box.** If the "CORRECTED" box is checked at the top of the form, use the information on this Form 1095-A to figure the premium tax credit and reconcile any advance credit payments on Form 8962. Don't use the information on the original Form 1095-A you received for this policy.

**Part I. Recipient Information, lines 1–15.** Part I reports information about you, the insurance company that issued your policy, and the Marketplace where you enrolled in the coverage.

**Line 1.** This line identifies the state where you enrolled in coverage through the Marketplace.

**Line 2.** This line is the policy number assigned by the Marketplace to identify the policy in which you enrolled. If you are completing Part IV of Form 8962, enter this number on line 30, 31, 32, or 33, box a.

**Line 3.** This is the name of the insurance company that issued your policy.

**Line 4.** You are the recipient because you are the person the Marketplace identified at enrollment who is expected to file a tax return and who, if qualified, would take the premium tax credit for the year of coverage.

**Line 5.** This is your social security number. For your protection, this form may show only the last four digits. However, the Marketplace has reported your complete social security number to the IRS.

**Line 6.** A date of birth will be entered if there is no social security number on line 5.

**Lines 7, 8, and 9.** Information about your spouse will be entered only if advance credit payments were made for your coverage. The date of birth will be entered on line 9 only if line 8 is blank.

**Lines 10 and 11.** These are the starting and ending dates of the policy.

**Lines 12 through 15.** Your address is entered on these lines.

**Part II. Covered Individuals, lines 16–20.** Part II reports information about each individual who is covered under your policy. This information includes the name, social security number, date of birth, and the starting and ending dates of coverage for each covered individual. For each line,

a date of birth is reported in column C only if an SSN isn't entered in column B.

If advance credit payments are made, the only individuals listed on Form 1095-A will be those whom you certified to the Marketplace would be in your tax family for the year of coverage (yourself, spouse, and dependents). If you certified to the Marketplace at enrollment that one or more of the individuals who enrolled in the plan aren't individuals who would be in your tax family for the year of coverage, those individuals won't be listed on your Form 1095-A. For example, if you indicated to the Marketplace at enrollment that an individual enrolling in the policy is your adult child who will not be your dependent for the year of coverage, that child will receive a separate Form 1095-A and won't be listed in Part II on your Form 1095-A.

If advance credit payments are made and you certify that one or more enrolled individuals aren't individuals who would be in your tax family for the year of coverage, your Form 1095-A will include coverage information in Part III that is applicable solely to the individuals listed on your Form 1095-A, and separately issued Forms 1095-A will include coverage information, including dollar amounts, applicable to those individuals not in your tax family.

If advance credit payments weren't made and you didn't identify at enrollment the individuals who would be in your tax family for the year of coverage, Form 1095-A will list all enrolled individuals in Part II on your Form 1095-A.

If there are more than 5 individuals covered by a policy, you will receive one or more additional Forms 1095-A that continue Part II.

**Part III. Coverage Information, lines 21–33.** Part III reports information about your insurance coverage that you will need to complete Form 8962 to reconcile advance credit payments or to take the premium tax credit when you file your return.

**Column A.** This column is the monthly premiums for the plan in which you or family members were enrolled, including premiums that you paid and premiums that were paid through advance payments of the premium tax credit. If you or a family member enrolled in a separate dental plan with pediatric benefits, this column includes the portion of the dental plan premiums for the pediatric benefits. If your plan covered benefits that aren't essential health benefits, such as adult dental or vision benefits, the amount in this column will be reduced by the premiums for the non-essential benefits. If the policy was terminated by your insurance company due to nonpayment of premiums for one or more months, then a -0- will appear in this column for these months regardless of whether advance credit payments were made for these months.

**Column B.** This column is the monthly premium for the second lowest cost silver plan (SLCSP) that the Marketplace has determined applies to members of your family enrolled in the coverage. The applicable SLCSP premium is used to compute your monthly advance credit payments and the premium tax credit you take on your return. See the Instructions for Form 8962, Part II, on how to use the information in this column or how to complete Form 8962 if there is no information entered. If the policy was terminated by your insurance company due to nonpayment of premiums for one or more months, then a -0- will appear in this column for the months, regardless of whether advance credit payments were made for these months.

**Column C.** This column is the monthly amount of advance credit payments that were made to your insurance company on your behalf to pay for all or part of the premiums for your coverage. If this is the only column in Part III that is filled in with an amount other than zero for a month, it means your policy was terminated by your insurance company due to nonpayment of premiums, and you aren't entitled to take the premium tax credit for that month when you file your tax return. You still must reconcile the entire advance payment that was paid on your behalf for that month using Form 8962. No information will be entered in this column if no advance credit payments were made.

**Lines 21–33.** The Marketplace will report the amounts in columns A, B, and C on lines 21–32 for each month and enter the totals on line 33. Use this information to complete Form 8962, line 11 or lines 12–23.

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