

VOID

OMB No. 1545-2232

Department of the Treasury
Internal Revenue Service

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

CORRECTED

2019

Part I Recipient Information

1 Marketplace identifier GA	2 Marketplace-assigned policy number 74564748	3 Policy issuer's name Blue Cross Blue Shield Healthcare Plan of Georgia, Inc		
4 Recipient's name Kishore K Kolla		5 Recipient's SSN xxx-xx-7437	6 Recipient's date of birth	
7 Recipient's spouse's name		8 Recipient's spouse's SSN	9 Recipient's spouse's date of birth	
10 Policy start date 01/01/2019	11 Policy termination date 12/31/2019	12 Street address (including apartment no.) 4105 Summerwood Ln		
13 City or town Alpharetta	14 State or province GA	15 Country and ZIP or foreign postal code US 30005-3793		

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 Kishore K Kolla	xxx-xx-7437		01/01/2019	12/31/2019
17 Kaushik Kolla	xxx-xx-8082		01/01/2019	12/31/2019
18 Gowthami kolla	xxx-xx-5154		01/01/2019	12/31/2019
19 Kritika Kolla	xxx-xx-8897		01/01/2019	12/31/2019
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	1,370.28	0.00	0.00
22 February	1,370.28	0.00	0.00
23 March	1,370.28	0.00	0.00
24 April	1,370.28	0.00	0.00
25 May	1,370.28	0.00	0.00
26 June	1,370.28	0.00	0.00
27 July	1,370.28	0.00	0.00
28 August	1,370.28	0.00	0.00
29 September	1,370.28	0.00	0.00
30 October	1,370.28	0.00	0.00
31 November	1,370.28	0.00	0.00
32 December	1,370.28	0.00	0.00
33 Annual Totals	16,443.36	0.00	0.00

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

Cat. No. 60703Q

Form **1095-A** (2019)

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