

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.
▶ Go to www.irs.gov/Form1095A for instructions and the latest information. CORRECTED**2017****Part I** Recipient Information

1 Marketplace identifier TX	2 Marketplace-assigned policy number 51474813	3 Policy issuer's name Community Health Choice
4 Recipient's name Venkata Kasireddy	5 Recipient's SSN XXX-XX-2219	6 Recipient's date of birth
7 Recipient's spouse's name Sudha Byreddy	8 Recipient's spouse's SSN XXX-XX-5587	9 Recipient's spouse's date of birth
10 Policy start date 02/01/2017	11 Policy termination date 12/31/2017	12 Street address (including apartment no.) 3511 HUNSTANTON CT
13 City or town KATY	14 State or province TX	15 Country and ZIP or foreign postal code US 77450-5285

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 Venkata Kasireddy	XXX-XX-2219		02/01/2017	12/31/2017
17 Sudha Byreddy	XXX-XX-5587		02/01/2017	12/31/2017
18 Devesh N Kasireddy	XXX-XX-8621		02/01/2017	12/31/2017
19 Aaradhita L Kasireddy	XXX-XX-5119		02/01/2017	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	0.00	0.00	0.00
22 February	1,010.35	1,065.62	907.00
23 March	1,010.35	1,065.62	907.00
24 April	1,010.35	1,065.62	907.00
25 May	1,010.35	1,065.62	858.00
26 June	1,010.35	1,065.62	858.00
27 July	1,010.35	1,065.62	858.00
28 August	1,010.35	1,065.62	858.00
29 September	1,010.35	1,065.62	858.00
30 October	1,010.35	1,065.62	858.00
31 November	1,010.35	1,065.62	858.00
32 December	1,010.35	1,065.62	858.00
33 Annual Totals	11,113.85	11,721.82	9,585.00



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

Cat. No 60703Q

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