

January 13, 2015

Dear 

The Health Insurance Marketplace is required to provide you with important tax information you'll need to correctly fill out your federal income tax return. We're sending you this completed Form 1095-A (Health Insurance Marketplace Statement) because it includes this information. A copy of this information has also been given to the IRS. **Please keep this form for your records.**

Why Form 1095-A is important

Form 1095-A includes:

- information about you and any other members of your household who were enrolled in a Marketplace plan during 2014
- information about your Marketplace plan premium and other information you may need to fill out your federal income tax return
- the amount of any advance payments of the premium tax credit that may have been paid to your health plan on your behalf in 2014

You must file a tax return

You must file a federal income tax return if you or another member of your household wants to claim the premium tax credit, or if advance payments of the premium tax credit were paid in 2014. When you file your tax return, you must complete and file Form 8962 (Premium Tax Credit). Use the information on Form 1095-A when you complete Form 8962. If you want more information about Form 1095-A, read the "Instructions for Recipient" section on the back of the enclosed form. If you need Form 8962, visit irs.gov.

Changes to your information

If you think information on your Form 1095-A is incorrect, visit HealthCare.gov/taxes/ to find out how to get a corrected Form 1095-A.

If the "CORRECTED" box on the top of your Form 1095-A is checked, this means we made a change to the

If you have questions, visit HealthCare.gov or call 1-800-318-2596. TTY users should call 1-855-889-4325. The call is free.

information we originally provided. The corrected form is included with this letter. Be sure you use this corrected form when you complete Form 8962 and file your federal income tax return.

What to do 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.
- You got a corrected Form 1095-A but you used information from the previous Form 1095-A to file your tax return.

For more information, visit irs.gov and enter the keywords "amended return."

How to get help with your taxes

Many people can get free help to fill out their taxes. Visit irs.gov/Individuals/Free-Tax-Return-Preparation-for-You-by-Volunteers to learn more about getting help.

If you need more information, visit HealthCare.gov/taxes/ or call the Marketplace Call Center at 1-800-318-2596 (TTY: 1-855-889-4325).

Sincerely,

Health Insurance Marketplace
Department of Health and Human Services
465 Industrial Boulevard
London, Kentucky 40750-0001

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Department of the Treasury
Internal Revenue Service

► Information about Form 1095-A and its separate instructions
is at www.irs.gov/form1095a.

CORRECTED

2014

Part I Recipient Information

1 Marketplace identifier TN		2 Marketplace-assigned policy number [REDACTED]		3 Policy issuer's name BlueCross BlueShield of Tennessee	
4 Recipient's name [REDACTED]			5 Recipient's SSN [REDACTED]		6 Recipient's date of birth
7 Recipient's spouse's name [REDACTED]			8 Recipient's spouse's SSN [REDACTED]		9 Recipient's spouse's date of birth
10 Policy start date 01/01/2014		11 Policy termination date 10/31/2014		12 Street address (including apartment no.) [REDACTED]	
13 City or town [REDACTED]		14 State or province TN		15 Country and ZIP or foreign postal code [REDACTED]	

Part II Coverage Household

	A. Covered Individual Name	B. Covered Individual SSN	C. Covered Individual Date of Birth	D. Covered Individual Start Date	E. Covered Individual Termination Date
16	[REDACTED]	[REDACTED]		01/01/2014	10/31/2014
17	[REDACTED]	[REDACTED]		01/01/2014	10/31/2014
18					
19					
20					

Part III Household Information

Month	A. Monthly Premium Amount	B. Monthly Premium Amount of Second Lowest Cost Silver Plan (SLCSP)	C. Monthly Advance Payment of Premium Tax Credit
21 January	377.23	392.69	142.00
22 February	377.23	392.69	142.00
23 March	377.23	392.69	142.00
24 April	377.23	392.69	142.00
25 May	377.23	392.69	142.00
26 June	377.23	392.69	142.00
27 July	377.23	392.69	142.00
28 August	377.23	392.69	142.00
29 September	377.23	392.69	142.00
30 October	377.23	392.69	142.00
31 November	0.00	0.00	0.00
32 December	0.00	0.00	0.00
33 Annual Totals	3,772.30	3,926.90	1,420.00

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 if you received premium assistance through advance credit payments (whether or not you otherwise are required to file a tax return) or if you want to claim the premium tax credit when you file your return. 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.

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 4 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 claim 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 start and ending dates of the policy.

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

Part II. Coverage Household, 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 (only if no social security number is entered in column B), and the start and ending dates of coverage for each covered individual.

If you attested to the Marketplace at enrollment that one or more of the individuals who enrolled in the plan are not individuals for whom you intend to claim a personal exemption deduction on your tax return, and advance credit payments were made, then the information reported on Form 1095-A applies only to the individuals for whom you attested the intention to claim a personal exemption deduction (yourself, spouse, and dependents). For example, if you indicated to the Marketplace at enrollment that an individual enrolling in the policy is your adult child for whom you will not claim a personal exemption deduction, that child will receive a separate Form 1095-A and will not be listed in Part II on your Form 1095-A.

Part II also tells the IRS the months that the individuals identified are covered by health insurance and therefore have satisfied the individual shared responsibility provision.

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. Household 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 claim the premium tax credit when you file your return.

Column A. This column is the monthly premium amount for the policy in which you enrolled.

Column B. This column is the monthly premium amount for the second lowest cost silver plan (SLCSP) that the Marketplace has determined applies to members of your family enrolled in the coverage. The premium for the applicable SLCSP is used to compute your monthly advance credit payments and the premium tax credit you claim on your return. See the Instructions for Form 8962, Part 2, Premium Tax Credit Claim and Reconciliation of Advance Payment of Premium Tax Credit for instructions on how to use the information in this column or, if there is no information entered.

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. 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.

If you have questions, visit HealthCare.gov or call 1-800-318-2596. TTY users should call 1-855-889-4325. The call is free.

Getting Help in a Language Other than English

If you, or someone you're helping, has questions about the Health Insurance Marketplace, you have the right to get help and information in your language at no cost. To talk to an interpreter, call 1-800-318-2596.

Here's a listing of the available languages and the same message provided above in those languages:

العربية (Arabic)

لك الحق في الحصول على المساعدة والمعلومات في اللغة الخاصة بك مجاناً. وللتحدث مع مترجم في اللغة العربية حول سوق التأمين الصحي، يرجى الاتصال على 1-800-318-2596.

中文 (Chinese)

你有權利免費用您的語言獲得幫助和資訊。要用中文與傳譯員探討健康保險市場，請致電 1-800-318-2596。

Français (French)

Vous avez le droit d'obtenir de l'aide et des renseignements dans votre langue sans aucun coût. Pour consulter un interprète en français quant au Marché d'assurance santé, composez le 1-800-318-2596.

Kreyòl (French Creole)

Ou gen tout dwa pou resevwa ed ak enfòmasyon nan lang ou pou gratis. Pou pale avèk yon entèpretè an Kreyòl konsènan Mache Asirans Medikal (Health Insurance Marketplace), rele 1-800-318-2596.

Deutsch (German)

Sie haben das Recht, Hilfe und Informationen kostenlos in Ihrer eigenen Sprache in Anspruch zu nehmen. Um mit einem Dolmetscher für die deutsche Sprache über den „Health Insurance Marketplace“ zu sprechen, rufen Sie bitte diese Nummer an: 1-800-318-2596.

ગુજરાતી (Gujarati)

તમને વિના મૂલ્યે તમારી ભાષામાં મદદ અને માહિતી મેળવવાનો અધિકાર છે. આરોગ્ય વીમા વ્યાપારબજાર વિશે દુભાષિયા સાથે ગુજરાતીમાં વાતચીત કરવા, કોલ કરો 1-800-318-2596

हिन्दी (Hindi)

आपके पास अपनी भाषा में सहायता व सूचना निःशुल्क प्राप्त करने का अधिकार है। हेल्थ इश्योरेंस मार्केटप्लेस (स्वास्थ्य बीमा बाजारस्थल) के बारे में हिन्दी में दुभाषिण से बात करने के लिए 1-800-318-2596 पर फ़ोन करें।

한국어 (Korean)

귀하는 귀하의 언어로 도움과 정보를 무료로 받을 수 있는 권리가 있습니다. 한국어로 건강 보험 시장(Health Insurance Marketplace)에 대하여 통역사에게 이야기하려면, 1-800-318-2596 번으로 전화하십시오.

Polski (Polish)

Każdy ma prawo uzyskać bezpłatnie pomoc i informacje we własnym języku. Aby porozmawiać z tłumaczem po polsku na temat Rynku Ubezpieczeń Zdrowotnych (Health Insurance Marketplace), należy zadzwonić pod numer 1-800-318-2596.

Português (Portuguese)

Você tem o direito de obter ajuda e informação em seu idioma e sem nenhum custo adicional. Para falar com um intérprete de [Português] sobre o Mercado de Seguros de Saúde, ligue para 1-800-318-2596.

Русский (Russian)

Вы имеете право бесплатно получить помощь и информацию на родном языке. Чтобы поговорить с переводчиком на русском о платформе Health Insurance Marketplace (рынок медицинского страхования), позвоните по телефону 1-800-318-2596.

Español (Spanish)

Usted tiene el derecho a recibir ayuda e información en su idioma sin costo alguno. Para comunicarse con un intérprete en español relacionado con el Mercado de seguros médicos, llame al 1-800-318-2596.

Tagalog (Tagalog)

Mayroon kang karapatan makakuha ng tulong at impormasyon sa iyong wika na walang gastos. Upang makipag-usap sa isang tagapagsalin sa Tagalog tungkol sa Health Insurance Marketplace, tumawag sa 1-800-318-2596.

اردو (Urdu)

آپ کو اپنی زبان میں مفت مدد اور معلومات حاصل کرنے کا حق ہے۔ ہیلتھ انشورنس مارکیٹ پلیس کے بارے میں کسی مترجم سے اردو میں بات کرنے کے لئے 1-800-318-2596 پر رابطہ کریں۔

tiếng Việt (Vietnamese)

Quý vị có quyền nhận sự giúp đỡ và thông tin bằng ngôn ngữ của mình miễn phí. Để nói chuyện với một thông dịch viên bằng tiếng Việt về Thị Trường Bảo Hiểm Sức Khỏe, xin gọi số 1-800-318-2596.



June 2013

If you have questions, visit HealthCare.gov or call 1-800-318-2596. TTY users should call 1-855-889-4325. The call is free.