Form 1095-A

Health Insurance Marketplace Statement

OMB	No.	1545-2232

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 Info	rmation								
1 Marketplace identifier	2	Marketpla	ace-assigned po	olicy number	3 Policy issuer's name				
WASHINGTON			688033		Premera Msp				
4 Recipient's name Terry Linde				5 Recipient's SSN ***-**-8930		6 Recipi	6 Recipient's date of birth		
7 Recipient's spouse's name				8 Recipient's spous		9 Recipient's spouse's date of birth			
10 Policy start date				_	12 Street address (in		nent no.)		
2014-01-01		2014-11-30			15531 Se 37th St				
13 City or town Bellevue		14 State or province Washington			15 Country and ZIP or foreign postal code USA 98006				
					03A 90000				
Part II Coverage Hou	senoia								
A. Covered Individual Name			B. Covered Individual SSN		C. Covered Individual	D. Covered Individual		E. Covered Individual	
					Date of Birth	Start Date		Termination Date	
Terry Linde			***-**-8930			2014-01-01		2014-11-30	
17									
40									
18						ļ		2	
19									
20						<u> </u>			
Part III Household Info	ormation								
Month	A. Month				Premium Amount of S		C. Monthly Advance Payment of		
				Lowest	Cost Silver Plan (SLCS	SP)	Premium Tax Credit		
21 January		\$289.00			\$35	7.36			
Z1 Garaary	+	\$289.00							
22 February				\$357.36				,	
00 14		\$289.00		\$357.36					
23 March									
24 April	A	\$289.00			\$35	7.36			
		\$289.00			\$35	7.36			
25 May		Ψ200.00							
26 June		\$289.00		2=	\$357.36				
		00,000			\$0 57.00				
27 July		\$289.00		5	\$357.36				
00 August		\$289.00			\$357.36				
28 August									
29 September		\$289.00			\$357.36				
0		\$289.00		\$357.36		7.36			
30 October								3	
31 November		•	\$289.00		\$35	7.36			
	6.	1,4	, a	b					
32 December	4	çun .	-289°						
00 AI T-+-I-	1	\$3,179.00			\$3,93	0.96			