

Department of the Treasury  
Internal Revenue Service▶ Information about Form 1095-A and its separate instructions  
is at [www.irs.gov/form1095a](http://www.irs.gov/form1095a). CORRECTED**2014****Part I Recipient Information**

<b>1</b> Marketplace identifier VT	<b>2</b> Marketplace-assigned policy number A87K98S8379	<b>3</b> Policy issuer's name BC/BS-VT		
<b>4</b> Recipient's name John Smith		<b>5</b> Recipient's SSN xxx-xx-1234	<b>6</b> Recipient's date of birth	
<b>7</b> Recipient's spouse's name		<b>8</b> Recipient's spouse's SSN	<b>9</b> Recipient's spouse's date of birth	
<b>10</b> Policy start date 1/1/14	<b>11</b> Policy termination date 12/31/14	<b>12</b> Street address (including apartment no.) 109 State St.		
<b>13</b> City or town Mnotpelier	<b>14</b> State or province VT	<b>15</b> Country and ZIP or foreign postal code 05609		

**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
<b>16</b> John Smith	xxx-xx-1234		1/1/14	12/31/14
<b>17</b>				
<b>18</b>				
<b>19</b>				
<b>20</b>				

**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
<b>21</b> January	425.15	412.83	220.16
<b>22</b> February	425.15	412.83	220.16
<b>23</b> March	425.15	412.83	220.16
<b>24</b> April	425.15	412.83	220.16
<b>25</b> May	425.15	412.83	220.16
<b>26</b> June	425.15	412.83	220.16
<b>27</b> July	425.15	412.83	220.16
<b>28</b> August	425.15	412.83	220.16
<b>29</b> September	425.15	412.83	220.16
<b>30</b> October	425.15	412.83	220.16
<b>31</b> November	425.15	412.83	220.16
<b>32</b> December	425.15	412.83	220.16
<b>33 Annual Totals</b>	5101.80	4953.96	2641.92

## 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 starting 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 starting 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.