

**2020****California Health Insurance  
Marketplace Statement****3895**
☐ VOID
 ☐ CORRECTED

|                     |         |           |        |                 |                           |
|---------------------|---------|-----------|--------|-----------------|---------------------------|
| Recipient's name    | Initial | Last name | Suffix | Recipient's SSN | Recipient's date of birth |
| Spouse's first name | Initial | Last name | Suffix | Spouse's SSN    | Spouse's date of birth    |

Address (apt./ste., room, PO box, or PMB no.)

|      |       |          |
|------|-------|----------|
| City | State | ZIP code |
|------|-------|----------|

|                        |                                    |                                                      |
|------------------------|------------------------------------|------------------------------------------------------|
| Marketplace identifier | Marketplace-assigned policy number | Policy issuer's name                                 |
| Policy start date      | Policy termination date            | <input type="checkbox"/> Repayment cap may not apply |

**Part I Covered Individuals**

| (a)<br>Covered individual name |           | (b)<br>Covered individual SSN | (c)<br>Covered individual date of birth | (d)<br>Coverage start date | (e)<br>Coverage termination date |
|--------------------------------|-----------|-------------------------------|-----------------------------------------|----------------------------|----------------------------------|
| First name                     | Last name |                               |                                         |                            |                                  |
| 1                              |           |                               |                                         |                            |                                  |
| 2                              |           |                               |                                         |                            |                                  |
| 3                              |           |                               |                                         |                            |                                  |
| 4                              |           |                               |                                         |                            |                                  |
| 5                              |           |                               |                                         |                            |                                  |

**Part II Coverage Information**

| Month            | (a)<br>Monthly enrollment premiums | (b)<br>Monthly second lowest cost silver plan (SLCSP) premium | (c)<br>Monthly advance payment of premium assistance subsidy |
|------------------|------------------------------------|---------------------------------------------------------------|--------------------------------------------------------------|
| 6 January        |                                    |                                                               |                                                              |
| 7 February       |                                    |                                                               |                                                              |
| 8 March          |                                    |                                                               |                                                              |
| 9 April          |                                    |                                                               |                                                              |
| 10 May           |                                    |                                                               |                                                              |
| 11 June          |                                    |                                                               |                                                              |
| 12 July          |                                    |                                                               |                                                              |
| 13 August        |                                    |                                                               |                                                              |
| 14 September     |                                    |                                                               |                                                              |
| 15 October       |                                    |                                                               |                                                              |
| 16 November      |                                    |                                                               |                                                              |
| 17 December      |                                    |                                                               |                                                              |
| 18 Annual Totals |                                    |                                                               |                                                              |