



Accessing a Consumer's Form 1095-A Job Aid Certified Enrollers

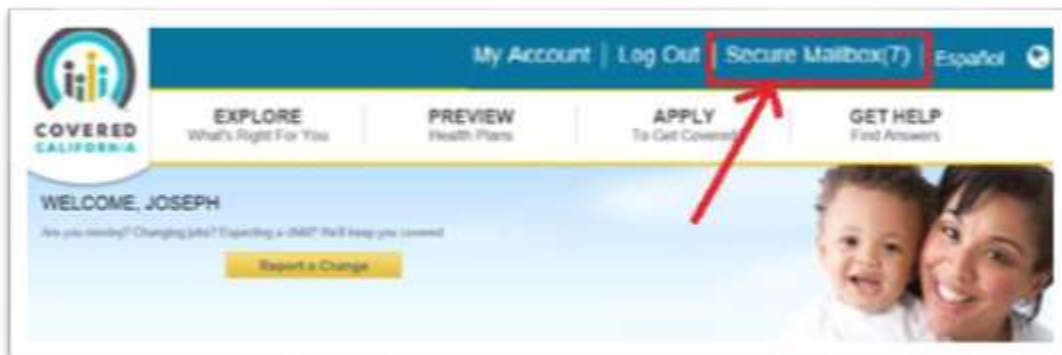
A cover letter and **Form 1095-A** are sent to consumers in the mail as an electronic document that can be accessed via a consumer's **Secure Mailbox** account. These documents are displayed in the account as an official Covered California notice listed as **CaINOD62**.

- **CaINOD62A** is generated each calendar year and includes the IRS Form 1095-A and instructions
- **CaINOD62B**, is generated for as a correction to the initial **Form 1095-A**. It may take up to 60 days after corrections have been submitted to Covered California to generate in the account and an additional 14 days to be mailed as a paper copy
- Consumers, Agents, and Counselors have the ability to view and print these documents from their **coveredca.com** account once it has been generated

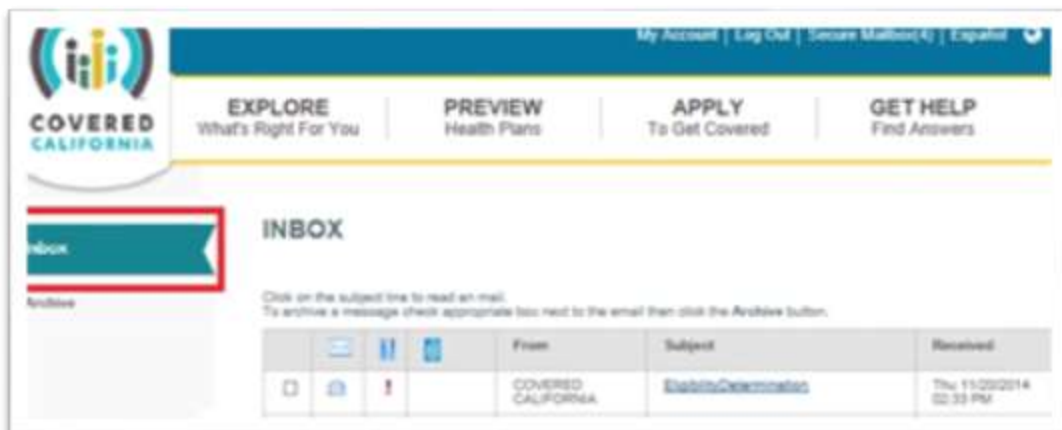
Consumers may access the documents from their Secure Mailbox

Covered California mails a paper copy of the notice to the Consumer's mailing address and sends the electronic copy of the notice to the Secure Mailbox associated with the Consumer's account. To view the notification online, the Consumer must log into their Covered California account.

- Once the Consumer has logged in, clicking the Secure Mailbox link above the Global Header navigates the Consumer to their Inbox



- Clicking on the Subject link allows the consumer to view, download and print their **1095-A** and **CaINOD62** notice

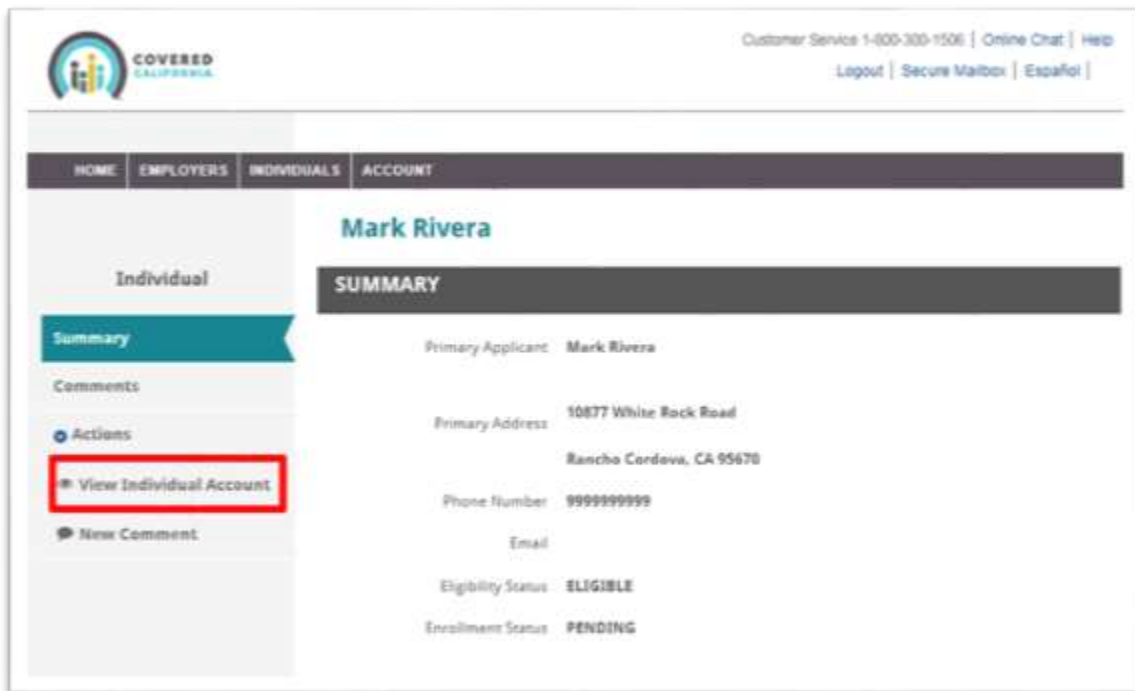


- If the consumer's account is currently terminated or they did not create an online account they should call the Covered California Service Center(800-300-1506) for assistance
- **NOTE:** The Secure Mailbox link does not display for Agents or Counselor's when viewing a consumer's case

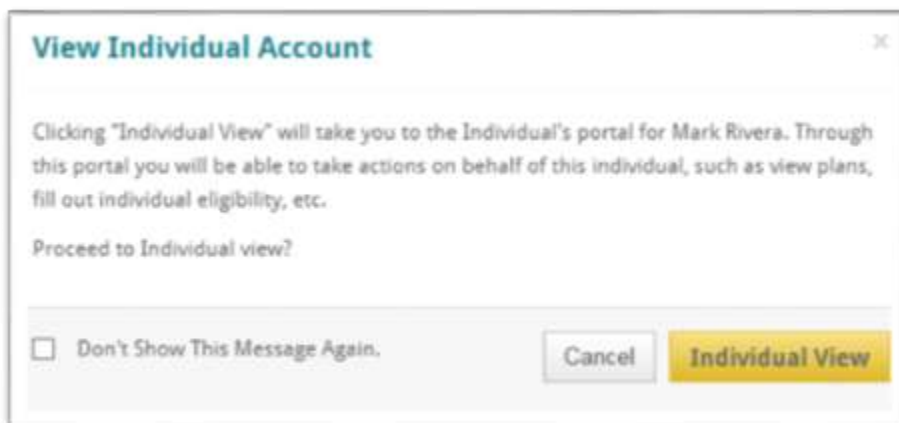
Agents and Counselors have access to the 1095-A and CalNOD62 notice from the Consumer's Documents and Correspondence Page

The Form with its corresponding notice can be viewed on the *Documents and Correspondence* page for the case.

- To access the documents from the Consumer's account click on View Individual Account from the Individuals tap in the Agent Portal



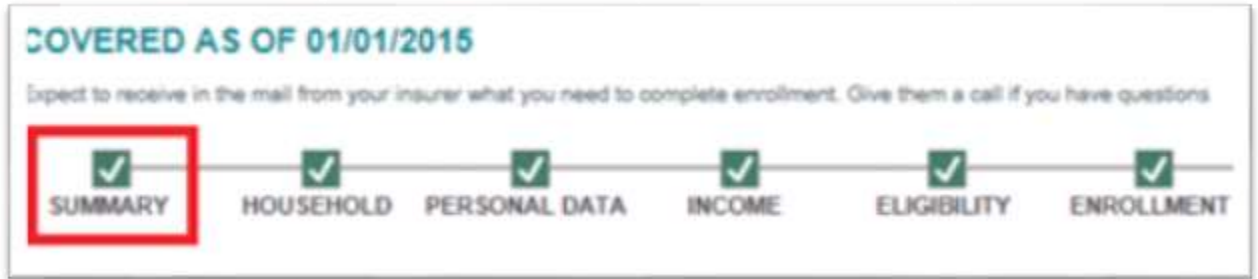
- Confirm "Individual View" to navigate to the Consumer Landing Page



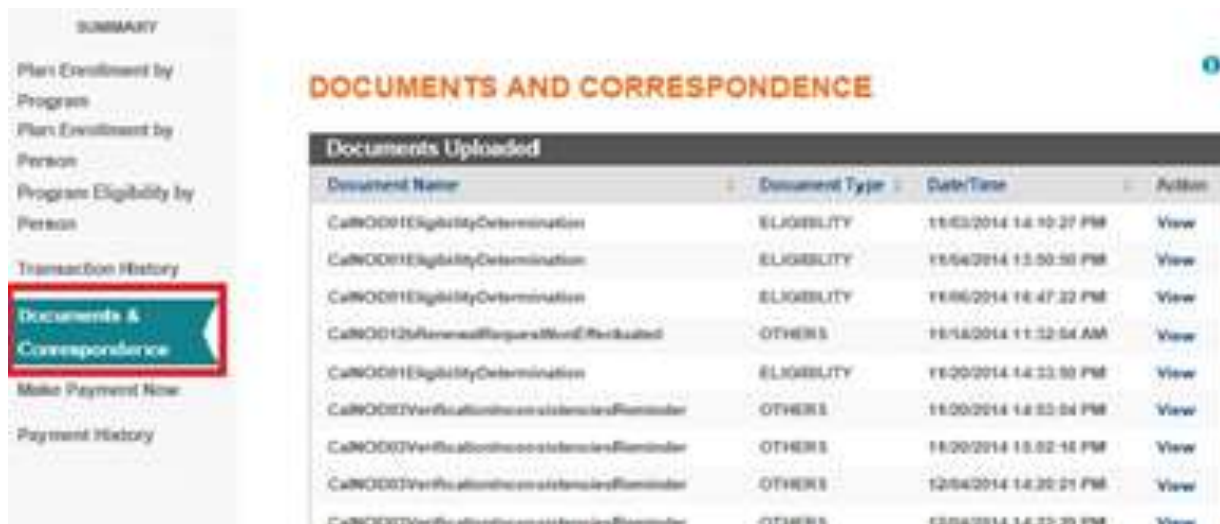


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- Click Summary on the Consumer Landing page



- Click the Documents and Correspondence tab to navigate to the Documents and Correspondence page where the notice will be listed



- For 2016, the year is appended to the Notice footer as NOD62A_2016 and will display by clicking "View"





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- A consumer may receive a CalNOD62B if corrections were made to their 1095-A explains the Consumer is receiving the Form because Covered California has received new information


COVERED CALIFORNIA
 Your destination for quality healthcare, including Medi-Cal

John {FIRST_NAME} Hook {LAST_NAME}
 456 ABC Street {ADDRESS_LINE1}
 Apt. 300 {ADDRESS_LINE2}
 Sacramento {CITY}, CA {STATE_CD (FK)} 95833 {ZIPCODE}

Important Tax Document you will need before you file your <TAX YEAR> tax return

{CURRENT_DATE}

Case: {AHBX_CASE_ID}

Dear John {FIRST_NAME} Hook {LAST_NAME},

You are getting this letter because Covered California has received new information from you or your health plan carrier. As a result, we have corrected or voided your Internal Revenue Service (IRS) Form 1095-A.

Your revised IRS Form 1095-A is attached to this letter. If the "CORRECTED" box is checked at the top of the form, it means that information provided in the original Form 1095-A has changed. Examples of the information that may have changed include:

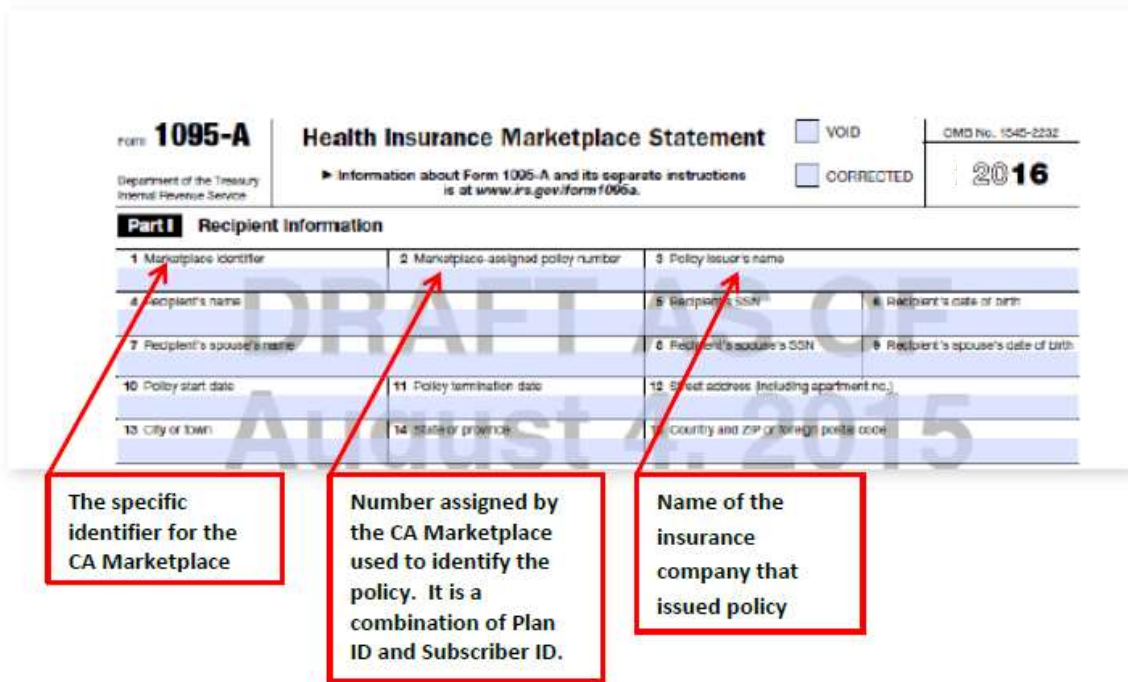
- Your personal information (for example, your home or mailing address)
- Family members enrolled
- Policy start and end dates
- Monthly enrollment premiums
- Monthly advanced premium tax credits

- The Form 1095-A will display under the CalNOD62 notice

Form 1095-A	Health Insurance Marketplace Statement	<input type="checkbox"/> VOID	<small>CMD No. 1545-2232</small>
<small>Department of the Treasury Internal Revenue Service</small>	Information about Form 1095-A and its separate instructions is at www.irs.gov/form1095a.	<input type="checkbox"/> CORRECTED	2016
Part I Recipient Information			
1 Marketplace identifier	2 Marketplace-assigned policy number	3 Policy issuer's name	
4 Recipient's name	5 Recipient's SSN	6 Recipient's date of birth	
7 Recipient's spouse's name	8 Recipient's spouse's SSN	9 Recipient's spouse's date of birth	
10 Policy start date	11 Policy termination date	12 Street address (including apartment no.)	
13 City or town	14 state or province	15 Country and ZIP or foreign postal code	
Part II Covered Individuals			
A. Covered individual's name	B. Covered individual's SSN	C. Covered individual's date of birth	D. Coverage start date
E. Coverage termination date			
16			
17			
18			
19			
20			
Part III Coverage Information			

Key Data Fields For Form 1095-A

- **Part I** - The **1095-A** is prepopulated with recipient and policy information. Note the term recipient refers to the Tax Filer or Primary Contact. Only the last four digits of social security numbers of household members will display for security reasons



Form **1095-A** | **Health Insurance Marketplace Statement** | VOID | 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 | **2016**

Part I Recipient Information

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

The specific identifier for the CA Marketplace

Number assigned by the CA Marketplace used to identify the policy. It is a combination of Plan ID and Subscriber ID.

Name of the insurance company that issued policy



Form **1095-A** | **Health Insurance Marketplace Statement** | VOID | 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 | **2016**

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The date the policy started

The date the policy ended

- **Part II** - The **1095-A** is prepopulated with information regarding members of the coverage household. If there are more than five family members in the coverage household, additional pages will be provided to continue this section

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				
17				
18				
19				
20				

First and Last name of covered individual	Social Security Number of covered individual	Date of Birth of covered individual	Date individual was added to the health insurance policy	Date individual was terminated from the health insurance policy
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- **Part III** - The IRS **1095-A** is prepopulated with the Monthly Premium Amount, the Monthly Premium Amount of Second Lowest Cost Silver Plan (SLCSP) and the Monthly Advance Payment of the Premium Tax Credit (APTC), if any, for each month of the coverage year. If the household did not receive APTC for a month, the field will be blank
 - Consumers should be advised that Covered California has determined the Monthly Premium Amount of SLCSP which applies to the household member's coverage. The SLCSP was used to compute the amount of APTC and the premium tax credit. Keep in mind that the notice is generated regardless if premium assistance was received and that the Form 1095-A is populated with the SLCSP regardless if the household accepted APTC

32 December			
33 Annual Totals			

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions. Cel. No. 607000 Form **1095-A** (2015)

Annual sum total of the individual monthly premiums of the policy	Annual sum total of the individual monthly premiums of the Second Lowest Cost Silver Plan premium	Annual sum total of the individual monthly Advance Payment of Premium Tax Credit
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