



Covered California
 PO BOX 989725
 West Sacramento, CA 95798-9725



**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 you or a family member enrolled in a Covered California health plan. Attached to this letter is the Internal Revenue Service (IRS) Form 1095-A that you will need when you file your federal tax return.

Important: Use the information on Form 1095-A, Health Insurance Marketplace Statement, to file your tax return. It will help you complete your federal income tax return and claim the right amount of premium tax credit.

You may receive more than one Form 1095-A for any of the three reasons below:

1. You or a family member changed health plans during the year.
2. You or a family member changed your plan level of benefit. For example, you kept the same health plan, but you changed your plan level from Silver to Gold.
3. Family members were enrolled in different health plans.

Here are the answers to some questions that you may have to help you with Form 1095-A:

Q: Why am I getting Form 1095-A?

A: Covered California sends this form to the IRS and to everyone who got health insurance through Covered California in 2016. Form 1095-A has information that you or your tax CalNOD62A_2016

preparer will need to file your tax return. This form has information you gave us about your family. The form also tells you:

- Who was enrolled in the health plan
- How many months you or other family members had Covered California health insurance
- How much you or other family members paid in monthly premiums
- How much monthly premium assistance was paid to the health plan carrier, if any, as advance payments of the premium tax credit
- How much is the monthly premium for the second lowest cost silver plan (SLCSP) in the area where you live

Q: I received another form that looks like the Form 1095-A. Why?

A: You may have received Form 1095-B or Form 1095-C. Here is why:

You received a Form 1095-B if someone in your household gets insurance through:	You received a Form 1095-C if someone in your household gets insurance through:
Medi-Cal	Large employers
Medicare	
Veterans Administration	
Small employers	
Other health insurance company outside of Covered California	

The California Department of Health Care Services (DHCS) will issue Form 1095-B to all Medi-Cal beneficiaries by January 31st. DHCS will issue one Form 1095-B to every adult or child who received Medi-Cal in 2016. This means you will receive multiple forms if other people in your family are also covered under Medi-Cal and Covered California.

If you have any questions or need additional information regarding Form 1095-B, please visit the DHCS website at <http://dhcs.ca.gov/1095> or call **1-844-253-0883**.

Q: What is premium assistance?

A: Premium assistance is also called “advanced premium tax credit (APTC)” or “financial assistance.” Premium assistance describes payments the government makes to your health insurance plan to lower the cost of your monthly premiums. The amount of your premium assistance was based on the information from your application when you or a family member enrolled in health care coverage and the premium amount for the “benchmark” or “base” health plan (the second lowest cost silver plan or SLCSP in the area where you live). The premium tax credit is a federal tax credit that helps make health insurance more affordable.

When you qualify for premium assistance, you have three options:

1. Apply **all** of your tax credits you are allowed in advance (before you file your tax return) to lower the amount you pay each month for your health insurance premium;

2. Take **some** of the tax credits you are allowed to lower the amount you pay each month. Then, when you file your tax return, get the difference between the premium tax credit you are allowed and the premium assistance you received; or
3. **Do not take** any premium tax credit in advance and claim the tax credit when you file your tax return.

Payments were paid directly to the health plan during the year if you took **all** or **some** of the premium assistance you qualified for.

Remember: If you got premium assistance, you must file a federal tax return even if you otherwise are not required to file. If you received more premium tax credit in advance than the total tax credit you qualify for based on the information you report on your tax return, you may have to pay some or all of it back to the IRS at tax time. On the other hand, you may qualify for more premium tax credit at tax time if you did not get the full amount you qualify for in advance. The process of comparing advance premium tax credit payments you received to the actual tax credit allowed is called “reconciliation” (compare). To avoid owing the IRS the extra advance premium tax credit payments you received during the year, it is important to report changes to Covered California as soon as they happen. We can then adjust your premium tax credit. For example, report changes in your household income, address, family size, and/or tax filing status.

Q: What do you need to do when you file your federal tax return?

A: When you file your federal tax return, you or your tax preparer will use the information on Form 1095-A to complete IRS Form 8962, Premium Tax Credit (PTC). The following is shown on Form 8962:

1. The premium tax credit that you are allowed to claim.
2. The difference between the advance premium tax credit payments made for you during the year and the premium tax credit you are allowed. If your allowed premium tax credit exceeds the amount of your advance credit payments, the difference is called net premium tax credit and lowers the amount of tax you owe or gives you a refund. If your advance credit payments are more than your premium tax credit, you must increase the tax you owe by some or all of the difference.

Q: How does premium assistance affect my tax filing?

A: If you received premium assistance in advance or you qualify for premium assistance, you must file an income tax return. You must file Form 8962 with your income tax return. If you are filing Form 8962, you must use IRS Form 1040, 1040A, or 1040NR. You cannot use IRS Form 1040EZ if you are filing Form 8962. The Form 1095-A will help you complete Form 8962 but it is not required to be sent in with your tax return.

Q: If I did not make premium payments to the health plan carrier for my coverage, how will it show on my Form 1095-A?

A: If your policy was terminated by your health plan carrier due to non-payment of premiums for one or more months, then a -0- will appear in Part III - Columns A and B, for those months regardless of whether advance premium tax credit payments were made for those months.

Q: What happens if my tax return income is *lower* than the income I put on my application?

A: If the household income on your tax return is lower than the amount you put on your Covered California application, you may qualify for additional premium tax credit. When you file your tax return and reconcile (compare) your advanced premium tax credit with the premium tax credit that is allowed for the same coverage period, you may get the additional premium tax credit as a tax refund or a tax credit that may lower the taxes you owe.

Q: What happens if my tax return income is *higher* than the income I put on my application?

A: If the household income on your tax return is higher than the household income you put on your Covered California application, you may have received too much premium assistance in advance. In this case, you may have to pay some or all of the premium assistance back to the IRS or you may get a lower tax refund when you file your tax return.

Q: I am concerned I might have to pay back some of my premium assistance. How can I lower the amount of premium assistance that I take in advance?

A: While you can no longer change the amount of premium assistance you already received in 2016, you can change the amount of premium assistance that you are currently receiving at any time. You can log in to your CoveredCA.com account and use the Premium Assistance Slider by following the steps below:

1. From the **Welcome** (Home) page, click on **Change Premium Assistance Amount** link.
2. From the Current Enrollment page, click on **Change Premium Assistance Amount** link in the **APTC Applied** row.
3. **Confirm Your Plan Selection** page displays. Click on the **Adjust** link.
4. Click on the **Adjust Tax Credit** link and use slider to reduce amount of premium assistance.
5. Click on **Confirm**, then **Next**, and complete the Provide e-Signature page to **Enroll** back into your plan with the new premium assistance amount.

To take less premium assistance or if you have questions, please call the Service Center at **1-800-300-1506**. Or, for TTY, call 1-888-889-4500 (1-888-TTY-4500). You can also contact your Covered California Certified Enrollment Counselor or Insurance Agent. They may be able to help you.

Q: My Form 1095-A says I did not get any premium assistance (Part III – Column C of Form 1095-A is blank or has all zeroes). Why not?

A: There are three reasons why you may not have received premium assistance:

1. You did not qualify for premium assistance when you or your family member enrolled in a Covered California health plan. For example, you would not have qualified for premium assistance if your estimated household income for the year of coverage was above 400% of the federal poverty level. To qualify for premium assistance, your estimated household income must be between 100% and 400%, inclusive, of the federal poverty level **and** you must not be eligible for other health insurance such as employer or government-sponsored coverage, including Medi-Cal and Medicare. In some cases, individuals with household income below 100% of the federal poverty level may qualify for premium assistance.

Also, you would not qualify for premium assistance if you are married but file your tax return separately and do not have an exception such as domestic abuse or spousal abandonment.

2. You decided **not** to take any premium tax credit in advance and claim the tax credit when you file your tax return.
3. You did not qualify because, when you applied for coverage, the premiums in your area were considered affordable for you. The amount of an individual's premium assistance is based on the cost of the "benchmark" or "base" health plan (the second lowest cost silver plan or SLCSP) in your area and your household size and income. If the premium for the base plan in your area is less than the amount that is considered affordable for you, based on your household size and income, your premium assistance amount will be \$0.

For example, a 26 year old who is single, has no dependents, lives in Sacramento, and earns \$36,500 is expected to pay 9.66% of his/her monthly household income or \$293 per month towards health care premiums. However, the monthly premium for the benchmark or base health plan in this area is only \$285 per month. This is \$8 less than what s/he is expected to pay towards his or her health care premiums. So the amount of premium assistance available to this person is \$0.

Q: Where can I get help filing taxes?

A: You can consult your own tax adviser. Or, you can get help directly from the IRS website that has interactive tools that can help you. The website offers "Help and Resources" for taxpayers who need it. Help includes "Local Taxpayer Advocates" and "Low Income Taxpayer Clinics." More information about filing options is available at <https://www.irs.gov/Filing>.

You may also get free tax assistance at a local Volunteer Income Tax Assistance (VITA) site. VITA serves people who generally make \$54,000 or less in annual income, persons with disabilities, the elderly and limited English-speaking taxpayers. To find help near you, you can call **1-800-906-9887** or check online at <http://irs.treasury.gov/freetaxprep/>.

Q: What should I do if I do not agree with the information on my Form 1095-A?

A: If you think there is a mistake on your Form 1095-A, call Covered California right away. Covered California may be able to send you a corrected Form 1095-A.

For help with your Forms 1095-A or 8962:

Covered California may be able to answer questions about this letter and the information on the Form 1095-A. **Covered California cannot provide tax advice.** For information regarding filing your federal tax return, visit the IRS web site at www.irs.gov/Filing. For information from the IRS regarding the tax provisions of the Affordable Care Act, visit <https://www.irs.gov/Affordable-Care-Act>.

For questions regarding this notice:

- Visit the CoveredCA.com website for more details.
- If you have created a CoveredCA account, log on to your account at www.CoveredCA.com; or

- Call the Covered California Service Center at 1-800-300-1506. You can call Monday through Friday 8 a.m. to 6 p.m. During certain times of the year, the Service Center may be available Saturdays 8 a.m. to 5 p.m. The call is free.

Getting help in languages other than English

English: IMPORTANT: Do you need help reading this letter? This letter is about the Internal Revenue Service (IRS) Form 1095-A. Form 1095-A is an important form. You will need this form when you file your federal tax return. You can call **1-800-300-1506** to speak with someone who speaks your language. You can also ask for this letter to be translated to your language or in another format such as, large print. For TTY call 1-(888)-889-4500 where you can also request this letter in a different format.

Español (Spanish)

IMPORTANTE: Necesita ayuda para leer esta carta? Esta carta es sobre el formulario IRS 1095-A del Servicio de rentas internas (IRS). El formulario 1095-A es un formulario importante. Usted necesitará este formulario cuando declare sus impuestos federales. Usted puede llamar al **1-800-300-0213** para hablar con alguna persona que hable su idioma. Usted también puede pedir esta carta traducida a su idioma o en otro formato, como letras grandes. Si usa TTY, llame al 1-(888)-889-4500, donde también podrá pedir esta carta a en un formato diferente.

中文/繁體字 (Chinese)

重要：重要事項：您需要我們幫助您閱讀此函嗎？此函是關於國稅局 (IRS) 表格 1095-A 的事宜。表格 1095-A 非常重要。在您提交您的聯邦納稅申報書時會需要該表格。您可撥打 **1-800-300-1533**，向講您的語言的人員諮詢。您亦可要求將此函翻譯為您的語言版本或索取其他格式（如大字版）的信函。文字電話號碼用戶請撥打 1-(888)-889-4500，透過撥打此號碼亦可索取不同格式的信函。

Tiếng Việt (Vietnamese)

Quan trọng: Quý vị có cần trợ giúp để đọc thư này không? Thư này là về Biểu Mẫu 1095-A của Sở Thuế Vụ (IRS). Biểu Mẫu 1095-A là biểu mẫu quan trọng. Quý vị cần phải có biểu mẫu này khi quý vị nộp tờ khai thuế liên bang của quý vị. Quý vị có thể gọi **1-800-652-9528** để trao đổi với người nói ngôn ngữ của quý vị. Quý vị cũng có thể yêu cầu thư này được dịch sang ngôn ngữ của mình hoặc ở một định dạng khác như bản in khổ lớn. Đối với người dùng TTY hãy gọi số 1-(888)-889-4500, tại đây quý vị cũng có thể yêu cầu thư này ở định dạng khác.

한국어(Korean)

중요 사항: 이 통지문을 읽는 데 도움이 필요하십니까? 이 편지는 미국 국세청(IRS) Form 1095-A 에 관한 것입니다. Form 1095-A 는 중요한 양식입니다. 이 양식은 연방 세금 환급 신청 시 필요합니다. **1-800-738-9116** 으로 전화하여 통역사와 통화하십시오. 이 통지문은 귀하의 언어로 번역을 요청하거나, 확대본 등의 다른 형식으로 요청할 수 있습니다. TTY 의 경우에는 1-(888)-889-4500 으로 전화하여 이 편지를 다른 형태로 요청하십시오.

Tagalog

MAHALAGA: Kailangan mo ba ng tulong sa pagbasa sa sulat na ito? Ang sulat na ito ay tungkol sa Form 1095-A ng Internal Revenue Service (IRS). Ang Form 1095-A ay isang mahalagang form. Kakailanganin mo ang form na ito kapag nagpa-file ka ng iyong tax return ng pederal. Maaari kang tumawag sa **1-800-983-8816** upang makipag-usap sa isang tao na nagsasalita ng iyong wika. Maaari mo ring hilingin na isalin ang sulat na ito sa iyong wika o sa ibang pormat, tulad ng malalaking pagkaka-print. Para sa TTY, tumawag sa 1-(888)-889-4500 kung saan maaari mo ring hilingin ang sulat na ito sa naiibang pormat.

العربية(Arabic)

هام: هل تحتاج إلى مساعدة في قراءة هذا الخطاب؟ هذا الخطاب بخصوص استمارة مصلحة الضرائب الداخلية 1095-A. وهي استمارة مهمة. سوف تحتاج إلى هذه الاستمارة عندما تقوم بتقديم طلب كشف الضريبة الاتحادية. يمكنك الاتصال على الرقم **1-800-826-6317** للتحدث مع شخص يتحدث بلغتك. يمكنك أيضًا طلب ترجمة هذا الخطاب إلى لغتك أو بتنسيق آخر، مثل الأحرف الكبيرة. لخدمة الهاتف النصي اتصل على 1-(888)-889-4500 حيث يمكنك أيضًا طلب هذا الخطاب بتنسيق مختلف.

հայերեն (Armenian)

CalNOD62A_2016

ប្រសិនបើលោក ឬលោកស្រី បានទទួលបានលិខិតសម្រេចចិត្ត ឬលិខិតសម្រេចចិត្ត ពីអង្គការសេវាកម្មពន្ធដារ (IRS) 1095-A ឯកសារ 1095-A ឯកសារ ក្នុងករណីនេះ លោក ឬលោកស្រី គួរតែប្រមូលទិន្នន័យទាំងអស់ ឬទិន្នន័យទាំងអស់ របស់លិខិតសម្រេចចិត្ត 1-800-996-1009 ឬ 1-800-906-8528 ដើម្បីនិយាយទៅកាន់ អង្គការសេវាកម្មពន្ធដារ (IRS) ។ លិខិតសម្រេចចិត្ត 1095-A គឺជាលិខិតសម្រេចចិត្ត មួយ ដែលអង្គការសេវាកម្មពន្ធដារ (IRS) បានផ្តល់ជូន ដល់អ្នកដែលបានប្រកាសពន្ធសហព័ន្ធរបស់អ្នក។ អ្នកអាចហៅទូរស័ព្ទទៅលេខ 1-800-906-8528 ដើម្បីនិយាយទៅកាន់ អង្គការសេវាកម្មពន្ធដារ (IRS) ដើម្បីនិយាយទៅកាន់ អង្គការសេវាកម្មពន្ធដារ (IRS) អ្នកក៏អាចស្នើសុំឱ្យគេបកប្រែលិខិតសម្រេចចិត្ត ជាភាសារបស់អ្នក ឬស្នើសុំលិខិតសម្រេចចិត្ត ផ្សេងទៀត ដូចជាឯកសារបោះពុម្ពជាអក្សរធំ ជាដើម។ សម្រាប់ TTY សូមទូរស័ព្ទទៅលេខ 1-888-889-4500 ដែលអ្នកក៏អាចស្នើសុំ លិខិតសម្រេចចិត្តផ្សេងទៀតផងដែរ។

ភាសាខ្មែរ (Khmer)

ចំណុចសំខាន់៖ តើអ្នកត្រូវការជំនួយក្នុងការអានលិខិតនេះដែរឬទេ? លិខិតនេះគឺទាក់ទងនឹងទម្រង់ លេខ 1095-A របស់ទីភ្នាក់ងារ ប្រមូលប្រាក់ចំណូលក្នុងស្រុក (Internal Revenue Service (IRS))។ ទម្រង់ លេខ 1095-A គឺជាទម្រង់សំខាន់មួយ ដែលអង្គការសេវាកម្មពន្ធដារ (IRS) បានផ្តល់ជូន ដល់អ្នកដែលបានប្រកាសពន្ធសហព័ន្ធរបស់អ្នក។ អ្នកអាចហៅទូរស័ព្ទទៅលេខ 1-800-906-8528 ដើម្បីនិយាយទៅកាន់ អង្គការសេវាកម្មពន្ធដារ (IRS) ដើម្បីនិយាយទៅកាន់ អង្គការសេវាកម្មពន្ធដារ (IRS) អ្នកក៏អាចស្នើសុំឱ្យគេបកប្រែលិខិតនេះជាភាសារបស់អ្នក ឬស្នើសុំលិខិតសម្រេចចិត្ត ផ្សេងទៀត ដូចជាឯកសារបោះពុម្ពជាអក្សរធំ ជាដើម។ សម្រាប់ TTY សូមទូរស័ព្ទទៅលេខ 1-888-889-4500 ដែលអ្នកក៏អាចស្នើសុំ លិខិតសម្រេចចិត្តផ្សេងទៀតផងដែរ។

Русский (Russian)

ВАЖНАЯ ИНФОРМАЦИЯ: Вам нужна помощь, чтобы прочитать это письмо? В этом письме говорится о Форме 1095-A Федеральной налоговой службы США (IRS). Форма 1095-A – это крайне важная форма. Она потребуется Вам для подачи федеральной налоговой декларации. Вы можете позвонить по номеру **1-800-778-7695**, чтобы пообщаться с лицом, говорящем на Вашем языке. Вы также можете обратиться с запросом, чтобы это письмо перевели на Ваш язык или предоставили его в другом формате, например, крупным шрифтом. Лица с нарушениями слуха могут позвонить по номеру 1-(888)-889-4500, по которому также можно обратиться с запросом на получение этого письма в другом формате.

فارسی(Farsi)

مهم: آیا برای خواندن این نامه نیاز به کمک دارید؟ این نامه در ارتباط با فرم 1095-A اداره مالیات آمریکا (IRS) است. فرم 1095-A فرم مهمی است. هنگام تهیه اظهارنامه مالیاتی فدرال تان به آن نیاز خواهید داشت. برای گفتگو با شخصی که به زبان شما صحبت می کند، می توانید با شماره **1-800-921-8879** تماس بگیرید. همچنین می توانید تقاضا کنید که این نامه به زبان شما ترجمه شود یا آنرا به فرمت دیگری مانند چاپ درشت دریافت نمایید. برای TTY با شماره 1-(888)-889-4500 تماس بگیرید و در آنجا می توانید این نامه را به فرمت دیگری تقاضا کنید.

Hmoob (Hmong)

TSEEM CEEB: Koj puas xav kom muaj neeg pab nyeem tsab ntawv no rau koj? Tsab ntawv no hais txog Daim Ntawv Foos 1095-A Ntawm Cov Nyiaj Paj Hauv Tsev (IRS). Daim Ntawv Foos 1095-A yog ib daim ntawv foos tseem ceeb. Koj yuav tsum muaj daim ntawv no thaum koj sau ntawv thov koj cov nqi se. Koj tuaj yeem hu rau tus xovtooj **1-800-771-2156** mus tham nrog ib tug neeg uas paub hais koj hom lus. Koj kuj tuaj yeem thov kom lawv muab tsab ntawv no txhais ua koj hom lus lossis luam tawm ua lwm yam xws li luam tawm koj loj. Rau cov TTY hu rau tus xovtooj 1-(888)-889-4500 koj tuaj yeem thov kom muab tsab ntawv no sau ua lwm hom los tau.

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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 name	B. Covered individual SSN	C. Covered individual date of birth	D. Coverage start date	E. Coverage termination date
16					
17					
18					
19					
20					

Part III Coverage Information

Month	A. Monthly enrollment premiums	B. Monthly second lowest cost silver plan (SLCSP) premium	C. Monthly advance payment of premium tax credit
21 January			
22 February			
23 March			
24 April			
25 May			
26 June			
27 July			
28 August			
29 September			
30 October			
31 November			
32 December			
33 Annual Totals			

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 any amount other than zero is shown in Part III, Column C of this Form 1095-A (meaning that you received premium assistance through advance credit payments) or if you want to take the premium tax credit. The filing requirement applies whether or not you're otherwise required to file a tax 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. If you or your family members were enrolled in a Marketplace catastrophic health plan or separate dental policy, you aren't entitled to take a premium tax credit for this coverage when you file your return, even if you received a Form 1095-A for this coverage.

VOID box. If the "VOID" box is checked at the top of the form, you previously received a Form 1095-A for the policy described in Part I. That Form 1095-A was sent in error. You shouldn't have received a Form 1095-A for this policy. Don't use the information on this or the previously received Form 1095-A to figure your premium tax credit on Form 8962.

CORRECTED box. If the "CORRECTED" box is checked at the top of the form, use the information on this Form 1095-A to figure the premium tax credit and reconcile any advance credit payments on Form 8962. Don't use the information on the original Form 1095-A you received for this policy.

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 take 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. Covered Individuals, 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, and the starting and ending dates of coverage for each covered individual. For each line, a date of birth is reported in column C only if an SSN isn't entered in column B.

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

If advance credit payments weren't made and you didn't identify at enrollment the individuals for whom you intended to claim a personal exemption deduction, Form 1095-A will list all enrolled individuals 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. Coverage 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 take the premium tax credit when you file your return.

Column A. This column is the monthly premiums for the plan in which you or family members were enrolled, including premiums that you paid and premiums that were paid through advance payments of the premium tax credit. If you or a family member enrolled in a separate dental plan with pediatric benefits, this column includes the portion of the dental plan premiums for the pediatric benefits. If your plan covered benefits that aren't essential health benefits, such as adult dental or vision benefits, the amount in this column will be reduced by the premiums for the non-essential benefits. If the policy was terminated by your insurance company due to nonpayment of premiums for one or more months, then a -0- will appear in this column for these months regardless of whether advance credit payments were made for these months.

Column B. This column is the monthly premium for the second lowest cost silver plan (SLCSP) that the Marketplace has determined applies to members of your family enrolled in the coverage. The applicable SLCSP premium is used to compute your monthly advance credit payments and the premium tax credit you take on your return. See the Instructions for Form 8962, Part II, on how to use the information in this column or how to complete Form 8962 if there is no information entered. If the policy was terminated by your insurance company due to nonpayment of premiums for one or more months, then a -0- will appear in this column for the months, regardless of whether advance credit payments were made for these months.

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. If this is the only column in Part III that is filled in with an amount other than zero for a month, it means your policy was terminated by your insurance company due to nonpayment of premiums, and you aren't entitled to take the premium tax credit for that month when you file your tax return. You still must reconcile the entire advance payment that was paid on your behalf for that month using Form 8962. 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.