

Background: The Health Insurance Marketplace will send Form 1095-A to each tax filer (as defined under 45 CFR 155.300), or responsible adult on a policy, on or before January 31st of each year. The following document represents a cover sheet that the Marketplace will include with the completed 1095-A that will be sent to each tax filer or responsible adult. Individuals will receive a completed Form 1095-A if they or a member of their household were enrolled in a qualified health plan (QHP) through the Marketplace for any months in the coverage year, with or without receiving advance payment of the premium tax credit (APTC). Form 1095-A lists the individuals who were enrolled in a QHP, the QHP premium, and any APTC that was paid on the enrollee's behalf to the issuer. This cover sheet will go to individuals who are receiving a **corrected** Form 1095-A.

First Name Last Name
123 New Street Address
New City, AK 99501

[Date]

Application ID: [number]
Plan Name: [plan name]

You must file a tax return if the enclosed Form 1095-A shows that you got advance payments of the premium tax credit. See Part III, Column C on your form.

Dear First Name Last Name:

A **corrected** "Form 1095-A, Health Insurance Marketplace Statement" is enclosed for coverage year [year]. You'll need information from this form when you file your [year] federal income tax return.

This corrected Form 1095-A replaces your original Form 1095-A. The correction may be the result of an error that you or your health insurance company reported on your original Form 1095-A. Disregard all earlier versions of Form 1095-A for Marketplace-assigned policy number 1025443 (see Box 2 of this form). This notice **doesn't** apply to a Form 1095-A with a different Marketplace-assigned policy number, if you have one.

You may get more than one Form 1095-A

This notice applies only to Form 1095-A for Marketplace-assigned policy number 1025443. You may get more than one Form 1095-A if different members of your household had different health plans, you updated your application information during [year], or you switched plans during [year]. Be sure to keep all Forms 1095-A with your important tax documents.

You must file a tax return

You must file a federal income tax return if you or another member of your household got advance payments of the premium tax credit in [year] to lower premium costs, even if you don't normally file a return. If advance payments are made on your or a family member's behalf and you don't file a tax return, you won't be eligible for advance payments of the premium tax credit or cost-sharing reductions to help pay for your Marketplace health coverage in future years.

When you file your tax return electronically or by mail, you must complete and file "Form 8962, Premium Tax Credit." **Use the information on this corrected Form 1095-A to complete Form 8962.** The Form 1095-A also indicates which months of [year] you and other members of your household had health coverage. You'll need that information to complete your tax return. More information about Form 1095-A can be found in the "Instructions for Recipient" section on the back of the enclosed form. If you need Form 8962, visit IRS.gov/aca.

Changes to your Form 1095-A information

If you think information on the attached corrected Form 1095-A is incorrect, call the Marketplace Call Center at 1-800-318-2596 to find out how to get a new corrected Form 1095-A. TTY users can call 1-855-889-4325.

Why Form 1095-A is important

Form 1095-A includes:

- Information about any members of your household who were enrolled in a Marketplace plan during [year].
- Information about your Marketplace plan premium and other information you may need to fill out your federal income tax return.
- The amount of any advance payments of the premium tax credit that we paid in [year] to a health plan on behalf of any members of your household.

If you had changes in your family

If you had certain changes in your family (for example, if you moved) during [year] and didn't report the changes to the Marketplace, you'll need more information when you file taxes, in addition to what's included in your corrected Form 1095-A. Visit [HealthCare.gov/tax-tool](https://www.healthcare.gov/tax-tool) to get the additional information you need to figure out your premium tax credit. You can also visit [IRS.gov](https://www.irs.gov) to find more details in the Instructions for Form 8962.

Will I need to file an amended return?

You may need to file an amended return if you already filed your federal tax return for [year] and at least one of the following is true:

- You used information from a previous Form 1095-A with the policy number shown above.
- Your corrected Form 1095-A has zeroes printed in Part III, column B for the months you had coverage.

Visit [IRS.gov](https://www.irs.gov) and enter the keywords "amended return" for more information on when to file an amended return.

You also may get Form 1095-B or Form 1095-C

If you or members of your household had coverage in [year] through other programs or plans outside of the Marketplace, you may also get a "Form 1095-B, Health Coverage" or "Form 1095-C, Employer-Provided Health Insurance Offer and Coverage." It's important to follow the instructions on these forms, so you fill out your federal income tax return correctly.

The monthly enrollment premium listed on your Form 1095-A (Part III, Column A) may be different from your plan's full monthly premium amount

This doesn't always mean there are errors that need to be corrected. The monthly premium on your Form 1095-A may be different from what you expect because:

- Your plan included benefits in addition to the essential health benefits required by the health care law, like adult dental or vision benefits. In this case, the monthly enrollment premium on your Form 1095-A may show only the amount of your premium that applied to essential health benefits.
- You or a household member started or ended coverage mid-month. In this case, your Form 1095-A will show only the premium for the parts of the month coverage was provided.
- You were enrolled in a stand-alone dental plan and a dependent under 18 was enrolled in it. In this case, the monthly enrollment premium on your Form 1095-A may be higher than you expect because it includes a portion of the dental plan premiums for pediatric benefits.

If any of these applied to you, the premium shown on your Form 1095-A is probably correct. If you still think the information on your 1095-A is wrong, contact the Marketplace Call Center.

How to get help with your taxes

Many people who signed up for Marketplace coverage can get free help with filling out their taxes. This may include free access to tax software programs, or free in-person assistance. For more information, visit [IRS.gov/freefile](https://www.irs.gov/freefile), [IRS.gov/VITA](https://www.irs.gov/VITA), or [IRS.gov/Individuals/Free-Tax-Return-Preparation-for-You-by-Volunteers](https://www.irs.gov/Individuals/Free-Tax-Return-Preparation-for-You-by-Volunteers) to learn more about getting help.

Using tax preparation software is the best and simplest way to file a complete and accurate tax return, as it guides individuals and tax preparers through the process and does all the math. Electronic filing options include IRS Free File for taxpayers who qualify, free volunteer assistance, commercial software, and professional assistance.

If you need more information, visit [HealthCare.gov/taxes](https://www.healthcare.gov/taxes) or call the Marketplace Call Center.

For more help

- Visit [IRS.gov](https://www.irs.gov) if you have general questions about your taxes. Free tax help is available if you qualify through Free File or Volunteer Income Tax Assistance.
- Visit [HealthCare.gov](https://www.healthcare.gov), or call the Marketplace Call Center at 1-800-318-2596 for questions about the Marketplace. TTY users can call 1-855-889-4325. You can also make an appointment with a local assister who can help you. Information is available at [LocalHelp.HealthCare.gov](https://www.localhelp.healthcare.gov).
- Get help in a language other than English. Information is included with this notice and through the Marketplace Call Center.
- Call the Marketplace Call Center to get this information in an accessible format, like large print, Braille, or audio, at no cost to you.

Sincerely,

Health Insurance Marketplace
Department of Health and Human Services
465 Industrial Boulevard
London, Kentucky 40750-0001

Privacy Disclosure: The Health Insurance Marketplace protects the privacy and security of the personally identifiable information (PII) that you have provided (see [HealthCare.gov/privacy/](https://www.healthcare.gov/privacy/)). This notice was generated by the Marketplace based on 45 CFR 155.230 and 45 CFR part 155, subpart D. The PII used to create this notice was collected from information you provided to the Health Insurance Marketplace. The Marketplace may have used data from other federal or state agencies or a consumer reporting agency to determine eligibility for the individuals on your application. If you have questions about this data, contact the Marketplace at 1-800-318-2596 (TTY: 1-855-889-4325).

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1207.

Nondiscrimination: The Health Insurance Marketplace doesn't exclude, deny benefits to, or otherwise discriminate against any person on the basis of race, color, national origin, disability, sex, or age. If you think you've been discriminated against or treated unfairly for any of these reasons, you can file a complaint with the Department of Health and Human Services, Office for Civil Rights by calling 1-800-368-1019 (TTY: 1-800-537-7697), visiting [hhs.gov/ocr/civilrights/complaints](https://www.hhs.gov/ocr/civilrights/complaints), or writing to the Office for Civil Rights/ U.S. Department of Health and Human Services/200 Independence Avenue, SW/ Room 509F, HHH Building/ Washington, D.C. 20201.

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This Notice has Important Information. This notice has important information about your application or coverage through the Health Insurance Marketplace. Look for key dates in this notice. You may need to take action by certain deadlines to keep your health coverage or help with costs. You have the right to get this information and help in your language at no cost. Call 1-800-318-2596 and wait through the opening. When an agent answers, state the language you need and you'll be connected with an interpreter.

العربية (Arabic) يحتوي هذا الإشعار على معلومات هامة بخصوص طلبك او تغطيتك من خلال سوق التأمين الصحي. ابحث عن التواريخ الرئيسية في هذا الإشعار. قد تحتاج الى اتخاذ اجراء في مواعيد معينة للحفاظ على تغطيتك الصحية او للمساعدة في التكاليف. لك الحق في الحصول على هذه المعلومات وعلى المساعدة بلغتك من دون اي تكلفة. اتصل بالرقم 1-800-318-2596 و انتظر عند سماعك الافتتاحية. عندما يجيبك الممثل قم بتحديد اللغة التي تحتاج و سيجري وصلك بالمرجم.

中文 (Chinese) 本通知包含您通过健康保险市场的申请或保险范围方面的重要信息。查阅本通知中的重要日期。您可能需要在某些截止日期前采取行动以续保或有助于节省某些费用。您有权免费获取本信息以及您所使用语种的帮助。请致电 1-800-318-2596 并聽完全部錄音。當有代表接聽時，請說明您所需的语种，屆時將有譯員與您聯系。

Français (French) Cet avis contient des informations importantes concernant votre demande ou votre couverture à travers le Marché d'assurance maladie. Recherchez les dates clés dans le présent avis. Vous pourrez avoir besoin de prendre des mesures avant certaines dates limites afin de garder votre couverture santé ou de vous aider avec les coûts. Vous avez le droit d'obtenir ces informations et de l'aide dans votre langue sans frais. Appelez le 1-800-318-2596 et appuyez sur « 0 » à deux reprises attendre à travers l'ouverture. Quand l'agent répond indiquez la langue dont vous avez besoin et vous serez mis en relation avec un interprète.

Kreyòl (French Creole) Avi sa a gen enfòmasyon enpòtan sou aplikasyon w lan oswa pwoteksyon atravè Health Insurance Marketplace la. Gade pou datkle nan avi sa a. Ou ka bezwen pran aksyon pa yon sèten dat limit pou ou kenbe asirans sante ou oswa èd ak depans yo. Ou gen dwa pou ou jwenn enfòmasyon sa a akèd nan lang ou sanpa sa pa koute ou anyen. Rele 1-800-318-2596 epi rete tann ouvèti an. Lè yon ajan reponn, di lang ou bezwen an epi ou pral konekte ak yon entèprèt.

Deutsch (German) Diese Benachrichtigung enthält wichtige Informationen zu Ihrem Antrag oder Versicherung durch den Health Insurance Marketplace. Suchen Sie nach wichtigen Terminen in dieser Benachrichtigung. Sie müssen möglicherweise bis zu bestimmten Stichtagen handeln, um Ihre Krankenversicherung aufrechtzuerhalten oder Hilfe mit Kosten zu erhalten. Sie haben das Recht, diese Informationen und Hilfe in Ihrer Sprache kostenlos zu erhalten. Rufen Sie 1-800-318-2596 an und warten Sie die Ansage ab. Wenn sich ein Mitarbeiter meldet, wählen Sie die Sprache aus, die Sie benötigen und Sie werden mit einem Dolmetscher verbunden.

ગુજરાતી (Gujarati) આ સૂચનામાં આરોગ્ય વીમા માર્કેટ સ્થળ સમારક તે તમારી અરજી અથવા સર્વગ્રાહી વીમો વિશેની મહત્વની માહિતી છે. આ સૂચનામાં મહત્વની તારીખો માટે જુઓ. તમે તમારા આરોગ્ય આવી લેવા અથવા ખર્ચમાં મદદ કરવા માટે અમુક ચોક્કસ નિશ્ચિત સમય ને હદમાં ધ્યાનમાં રાખીને પગલાં લેવાની જરૂર પડે છે. મને કોઈ પણ ખર્ચ વિના તમારી ભાષામાં આજ્ઞાકારી અને મદદ મેળવવાનો અધિકાર છે. 1-800-318-2596 અને શરૂઆતના મારફતે રાહ જુઓ. એક એજન્ટ જવાબ આપે, ત્યારે તેમને તમે જરૂરી ભાષા જણાવો અને તેમને દુભાષિયો સાથે જોડવામાં આવશે.

Italiano (Italian) Questo avviso contiene importanti informazioni. Questo avviso contiene importanti informazioni riguardo la sua richiesta o copertura assicurativa tramite l'Health Insurance Marketplace. Controlli le date più importanti di questo avviso. Potrebbe avere la necessità di compiere alcune azioni al fine di conservare la sua copertura medica o per ridurre i costi. Ha il diritto di ricevere queste informazioni ed assistenza nella sua lingua senza costi aggiuntivi. Chiama all'1-800-318-2596 e resti in attesa del primo operatore disponibile. Quando un nostro operatore risponderà, comunichi la lingua di cui ha bisogno e sarà collegato/a con un interprete.

日本語 (Japanese) この通知には重要な情報が含まれています。この通知には、Health Insurance Marketplace 経由のアプリケーションまたは補償範囲に関する重要な情報が含まれます。この通知では、重要な期日について確認してください。補償範囲や費用サポートを維持するには、指定の期日までにご対応いただく必要がある場合があります。これらの情報を無料で取得する権利および希望の言語でサポートを受ける権利があります。1-800-318-2596 にお問い合わせいただき、つながるまでお待ちください。エージェントにつながりましたら、必要とする言語をお伝え下さい。通訳者とつながります。



한국어 (Korean) 이 통지서에는 건강 보험 시장을 통한 귀하의 신청이나 보험 커버리지에 관한 중요한 정보가 포함되어 있습니다. 이 통지서에 나타난 중요한 날짜들을 잘 찾아 보십시오. 귀하는 귀하의 보험 커버리지를 계속 유지시키거나 경비를 절감하는 도움을 얻기 위해서 일정한 마감일 까지 필요한 조치를 취해야 할 수도 있습니다. 귀하는 귀하의 언어로 이 정보와 도움을 무료로 받을 수 있는 권리가 있습니다. 1-800-318-2596 로 전화하시고 시작하기 전에 기다리십시오. 직원이 전화를 받으면 귀하가 필요한 언어를 말씀하십시오. 그러면 통역사와 연결될 것입니다.

Polski (Polish) To ogłoszenie zawiera ważne informacje odnośnie Państwa wniosku o ubezpieczenie lub polisy zdrowotnej zakupionej przez Rynek Ubezpieczeń Zdrowotnych. Prosimy zwrócić uwagę na kluczowe daty zawarte w tym ogłoszeniu aby przy podejmowaniu ewentualnych decyzji dotyczących odnowienia polisy lub pomocy związanej z kosztami, nie przekroczyć terminów. Macie Państwo prawo do bezpłatnej informacji we własnym języku. W tym celu prosimy o telefon pod numer 1 800 318 2596, następnie proszę poczekać na zgłoszenie się operatora i wypowiedzenie preferowanego języka a rozmowa zostanie przełączona do tłumacza.

Português (Portuguese) Este aviso contém informações importantes sobre sua aplicação ou cobertura ao longo do Mercado de Planos de Saúde (Health Insurance Marketplace). Observe as datas importantes nesse aviso. Você poderá precisar tomar medidas, até determinados prazos, para manter sua cobertura médica ou ajuda de custo. Você tem o direito de obter tais informações e auxílio em seu idioma, sem custo algum. Ligue para 1-800-318-2596 e espere através da introdução. Quando o agente atende, afirme o idioma que precisa e você será transferido para um intérprete.

Русский (Russian) В настоящем уведомлении содержится важная информация о вашей страховке через рынок медицинского страхования. Вы можете найти важные даты в данном уведомлении. Возможно, вам придется предпринять некоторые действия к конкретным срокам, с тем, чтобы сохранить вашу медицинскую страховку или финансовую помощь на медицинские расходы. Вы имеете право на получение этой информации и помощи на родном языке бесплатно. Позвоните по номеру 1-800-318-2596 и прослушайте вступительную информацию до конца. Когда ответит агент, укажите необходимый язык, и вас соединят с переводчиком.

Español (Spanish) Este aviso contiene información importante sobre su solicitud o la cobertura que tiene a través del Mercado de Seguros Médicos. Consulte las fechas importantes que figuran aquí. Es probable que deba tomar medidas antes de algunas fechas clave para mantener su cobertura de salud o seguir recibiendo ayuda para pagar los costos. Usted tiene derecho a recibir esta información y asistencia en su idioma en forma gratuita. Llame al 1-800-318-2596 y espere a través de la introducción. Cuando el agente atiende, indique el idioma que necesita y lo pondrán en comunicación con un intérprete.

Tagalog (Tagalog) Ang paunawa na ito ay may nilalamang mahalagang impormasyon tungkol sa iyong aplikasyon o kaseguruhan sa pamamagitan ng Health Insurance Marketplace. Tingnan ang mga mahalagang petsa sa paunawang ito. Maaring mangailangang gumawa ka ng hakbang sa loob ng mga itinakdang petsa upang mapanatili ang iyong kaseguruhang pangkalusugan o makatanggap ng tulong sa mga gastos. Mayroon kang karapatang makuha ang impormasyon na ito at tulong sa iyong wika ng walang gastos. Tumawag sa 1-800-318-2596 at maghintay ng pagkakataong mabuksan ang linya. Kapag sumagot ang isang ahente, sabihin ang kailangan mong wika at ikaw ay iuugnay sa isang tagapagsalin sa Tagalog.

Tiếng Việt (Vietnamese) Thông báo này có thông tin quan trọng bàn về đơn nộp hoặc hợp đồng bảo hiểm của chương trình Thị trường bảo hiểm sức khỏe Marketplace. Xin xem ngày then chốt trong thông báo này. Quý vị có thể phải thực hiện theo thông báo đúng trong thời hạn để duy trì bảo hiểm sức khỏe hoặc được trợ giúp thêm về chi phí. Quý vị có quyền được biết thông tin này và được trợ giúp bằng ngôn ngữ của mình miễn phí. Xin gọi 1-800-318-2596 và đợi nghe hết lời mở đầu do máy nói. Cho tới khi gặp một nhân viên trả lời, xin nói ngôn ngữ của mình là gì và quý vị sẽ được kết nối với một thông dịch viên.

