

**Part I Recipient Information**

<b>1</b> Marketplace identifier State	<b>2</b> Marketplace-assigned policy number Policy #	<b>3</b> Policy issuer's name Policy Issuer's Name		
<b>4</b> Recipient's name Name		<b>5</b> Recipient's SSN XXX-XX-XXXX	<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 01/01/2016	<b>11</b> Policy termination date 12/31/2016	<b>12</b> Street address (including apartment no.) Home Address		
<b>13</b> City or town City	<b>14</b> State or province State	<b>15</b> Country and ZIP or foreign postal code County and Zip		

**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
<b>16</b>	Covered Individual 1	XXX-XX-XXXX		01/01/2016	12/31/2016
<b>17</b>	Covered Individual 2	XXX-XX-XXXX		01/01/2016	12/31/2016
<b>18</b>					
<b>19</b>					
<b>20</b>					

**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
<b>21</b> January	819.81	856.92	819.81
<b>22</b> February	819.81	856.92	819.81
<b>23</b> March	819.81	856.92	819.81
<b>24</b> April	819.81	856.92	819.81
<b>25</b> May	819.81	856.92	819.81
<b>26</b> June	819.81	856.92	819.81
<b>27</b> July	819.81	856.92	819.81
<b>28</b> August	819.81	856.92	819.81
<b>29</b> September	819.81	856.92	819.81
<b>30</b> October	819.81	856.92	819.81
<b>31</b> November	819.81	856.92	819.81
<b>32</b> December	819.81	856.92	819.81
<b>33</b> Annual Totals	9,837.72	10,283.04	9,837.72