

**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 |                                |   |  |