Form 1095-A

Health Insurance Marketplace Statement

OMB	No.	1545-2232

Department of the Treasury Internal Revenue Service

Recipient Information

► Information about Form 1095-A and its separate instructions is at www.irs.gov/form1095a.

CORRECTED

2014

1 Marketplace identifier	, , ,			policy number	· · · · · · · · · · · · · · · · · · ·				
WASHINGTON A Registrative service of the service of			Chpw						
4 Recipient's name				5 Recipient's SSN ***_**_	5 Recipient's SSN ***_** [7]		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.)					
2014-02-01 2014-11-30 13 City or town 14 State or province			30						
13 City or town 14 State or province Spokane Washington					15 Country and ZIP or foreign postal code USA 99206				
Part Coverage Ho	usehold				<u>-</u>				
A. Covered Individual Name			B. Covered Individual SSN		C. Covered Individual Date of Birth	D. Covered Individual Start Date		E. Covered Individual	
			***_**		- Sato of Birol	2014-0			
16						2014-	UZ-U I	2014-11-30	
17			***_**			2014-0		2-01 2014-11-30	
18							-		
19								- 4	
20									
Pare III Household Inf	ormation		·	L_					
· Month	A. Mor	A. Monthly Premium Amount		B. Monthly Lowest	Premium Amount of Se Cost Silver Plan (SLCSI	cond C.	C. Monthly Advance Payment of Premium Tax Credit		
21 January			-						
22 February	·	\$1,203.41			\$512	2.92	\$696.00		
23 March		\$1,203.4			\$512	2.92	\$696.00		
24 April		\$1,203.41			\$512.92		\$696.00		
25 May		\$1,203.41			\$512.92		\$696.00		
26 June		\$1,203.41			\$512.92		\$696.00		
7 July		\$1,203.41			\$512	.92	\$696.00		
8 August		\$1,203.41			\$512.92		\$696.00		
9 September		\$1,203.41			\$512.92		\$696.00		
0 October	4	\$1,203.41			\$512.	.92	\$696.00		
† November		\$1,203.41			\$512.92		\$696.00		
2 December				1/-	/				
3 Annual Totals		\$12,034.10			\$5,129.	20	\$6,960.00		