

- If you need help understanding this notice, please call 1-855-532-5465. We will explain it to you in your preferred language. You can also Fax us at 202-671-4400.
- ይህንን ማሳሰቢያ ለመረዳት እርዳታ የሚፈልጉ ከሆነ፣ አባቱን በ 1-855-532-5465 ይደውሉ። በሚመርጡት ቋንቋ እናብራራለችለን። በተጨማሪም፣ በ 202-671-4400 ፋክስ ሊያደርጉልን ይችላሉ።
- Si necesita ayuda para entender este aviso, por favor llamar al 1-855-532-5465. Le explicaremos en el idioma de su preferencia. También puede enviar un fax al 202-671-4400.
- Si vous avez des difficultés à comprendre cet avis, n'hésitez pas à appeler le 1-855-532-5465. Nous vous donnerons des explications dans votre langue préférée. Vous pouvez également nous atteindre par fax au 202-671-4400.
- 본 내용을 이해하는 데 도움이 필요하신 경우, 1-855-532-5465번으로 연락해 주십시오. 담당 직원이 원하시는 언어로 해당내용을 설명해드릴 것입니다. 202-671-4400번으로 팩스를 보낼 수도 있습니다.
- 如果您需要帮助以理解本通知，请致电1-855-532-5465。我们将采用您的首选语言向您解释本通知。您还可向我们发送传真：202-671-4400。
- 如果您需要幫助以理解本通知，請致電 1-855-532-5465。我們將採用您的首選語言 向您解釋本通知。 您還可向我們發送傳真：202-671-4400。
- Nếu cần được giúp đỡ để hiểu rõ thông báo này, xin gọi số 1-855-532-5465. Chúng tôi sẽ giải thích thông báo này cho quý vị bằng ngôn ngữ quý vị chọn. Quý vị cũng có thể gọi điện sao (fax) đến chúng tôi theo số 202-671-4400.



Corrected Form 1095-A

Dear

You are receiving the attached corrected Form 1095-A because DC Health Link received updated information from your health plan about your coverage after we sent your original Form 1095-A.

Your health plan indicated that you *did not* make premium payments for plan(s) with the Marketplace-assigned policy numbers listed below (found in Box 2 of Form 1095-A). We are notifying the IRS to disregard information we sent about these forms.

Canceled Policy ID(s):

Our records show that you *did* make payment for plan(s) with the Marketplace-assigned policy numbers listed below. These forms will continue to be active with the IRS.

Active Policy ID(s):

Please keep all Form 1095-A documents for your records.

If you have already filed your 2014 taxes: You can choose whether or not to file an amended federal tax return based on the updated information in your Form 1095-A. The IRS has announced that it will not pursue corrective action if you received a corrected Form 1095-A after you filed your taxes and choose not to file an amended return. You can learn more about this by going to <http://www.treasury.gov/press-center/press-releases/Documents/FAQs%20CMS%20032015.pdf>.

If you have not filed your taxes yet, please do not use any Form 1095-A not listed above as active when you file your taxes.

If you believe the information on your corrected Form 1095-A is not accurate, please go to www.dchealthlink.com/2014taxinfo for information on how to request a corrected Form 1095-A, or call DC Health Link at 1-855-532-5465.

Questions?

Visit www.dchealthlink.com/2014taxinfo for more information and to download an electronic copy of this Form 1095-A, or call us at 1-855-532-5465 (for TTY, call 711). DC Health Link cannot provide tax advice. For information on filing a federal tax return, visit the IRS web site at www.irs.gov/Filing. For information from the IRS on the Affordable Care Act visit www.irs.gov/aca.

Department of the Treasury
Internal Revenue Service► Information about Form 1095-A and its separate instructions
is at www.irs.gov/form1095a.☐ CORRECTED**2014****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 Coverage Household

A. Covered Individual Name	B. Covered Individual SSN	C. Covered Individual Date of Birth	D. Covered Individual Start Date	E. Covered Individual Termination Date
16				
17				
18				
19				
20				

Part III Household Information

Month	A. Monthly Premium Amount	B. Monthly Premium Amount of Second Lowest Cost Silver Plan (SLCSP)	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 you received premium assistance through advance credit payments (whether or not you otherwise are required to file a tax return) or if you want to claim the premium tax credit when you file your 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.

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 claim 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. Coverage Household, 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 (only if no social security number is entered in column B), and the starting and ending dates of coverage for each covered individual.

If you attested to the Marketplace at enrollment that one or more of the individuals who enrolled in the plan are not individuals for whom you intend to claim a personal exemption deduction on your tax return, and advance credit payments were made, then the information reported on Form 1095-A applies only to the individuals for whom you attested the intention to claim a personal exemption deduction (yourself, spouse, and dependents). For example, if you indicated to the Marketplace at enrollment that an individual enrolling in the policy is your adult child for whom you will not claim a personal exemption deduction, that child will receive a separate Form 1095-A and will not be listed 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. Household 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 claim the premium tax credit when you file your return.

Column A. This column is the monthly premium amount for the policy in which you enrolled.

Column B. This column is the monthly premium amount for the second lowest cost silver plan (SLCSP) that the Marketplace has determined applies to members of your family enrolled in the coverage. The premium for the applicable SLCSP is used to compute your monthly advance credit payments and the premium tax credit you claim on your return. See the Instructions for Form 8962, Part 2, Premium Tax Credit Claim and Reconciliation of Advance Payment of Premium Tax Credit for instructions on how to use the information in this column or, if there is no information entered.

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. 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.