

DC Health Link  
1095-A Processing Unit  
1225 I St NW, Suite 400  
Washington, DC 20005

- **This Notice has Important Information.** This notice has important information about your application or coverage through DC Health Link. 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 1-855-532-5465.
- **Este aviso contiene información importante.** Este aviso contiene información importante acerca de su solicitud o su seguro con DC Health Link. Preste atención a las fechas que aparecen en este aviso, puesto que podría ser necesaria alguna acción por su parte antes de determinada fecha a fin de mantener su seguro médico con nosotros o sus ayudas con el coste. Usted tiene derecho a recibir esta información y soporte en su idioma sin coste adicional. Llame al 1-855-532-5465.
- ይህ ማስታወቂያ አስፈላጊ መረጃ ይዟል። ይህ ማስታወቂያ ስለ ማመልከቻዎ ወይም ስለ DC Health Link ሽፋን አስፈላጊ መረጃ አለው። በዚህ ማስታወቂያ ውስጥ ቁልፍ ቀናችን ፈልጉ። የጤና ሽፋንዎን ለመጠበቅ እና በአከፋፈሉ እርዳታ ለማግኘት በተወሰኑ የጊዜ ገደቦች እርምጃ መውሰድ ይገባዎት ይሆናል። ይህን መረጃ ለማግኘት እና ያለ ምንም ክፍያ በቋንቋዎ እርዳታ የማግኘት መብት አልዎት። በ 1-855-532-5465 ላይ ይደውሉ።
- 本通知包含重要信息。本通知包含有关您通过 DC Health Link 提交申请和保险的重要信息。请查看本通知中的关键日期。您可能需要在特定截止日期前采取行动，以便维持您的健康保险或有助于降低费用。您有权免费以自己的母语获得本信息和帮助。请致电 1-855-532-5465。
- **Cet avis contient des informations importantes.** Cet avis contient des informations importantes au sujet de votre demande ou de la couverture par DC Health Link. Cherchez les dates clés dans cet avis. Vous devrez peut-être prendre des mesures en respectant certaines échéances afin de maintenir votre couverture de santé ou d'assumer des coûts. Vous avez le droit d'obtenir ces informations et d'être aidé dans votre langue sans frais. Appelez le 1-855-532-5465.

- **May Importanteng Impormasyon ang abisong ito.** May Importanteng Impormasyon ang abisong ito tungkol sa aplikasyon mo o proteksiyon mo sa DC Health Link. Tingnan ang mga importanteng petsa na nasa abisong ito. Maaaring may mga kailangan kang gawin bago sumapit ang ilang deadline para mapanatili ang proteksiyon mo sa kalusugan o para makatulong sa mga gastusin. Karapatan mong makuha ang impormasyon na ito at makakuha ng tulong na nasa wika mo nang walang gastos. Tumawag sa [1-855-532-5465](tel:1-855-532-5465).
- **Ang paunawa na ito ay naglalaman ng mahalagang impormasyon.** Ang paunawa na ito ay naglalaman ng mahalagang impormasyon tungkol sa iyong aplikasyon o pagsakop sa pamamagitan ng DC Health Link. Tingnan ang mga mahalagang petsa dito sa paunawa. Maaring mangailangan ka na magsagawa ng hakbang sa ilang mga itinakdang panahon upang mapanatili ang iyong pagsakop sa kalusugan o tulong na walang gastos. May karapatan ka na makakuha ng ganitong impormasyon at tulong sa iyong wika ng walang gastos. Tumawag sa 1-855-532-5465.
- **Настоящее уведомление содержит важную информацию.** Это уведомление содержит важную информацию о вашем заявлении или страховом покрытии через DC Health Link. Посмотрите на ключевые даты в настоящем уведомлении. Вам, возможно, потребуется принять меры к определенным предельным срокам для сохранения страхового покрытия или помощи с расходами. Вы имеете право на бесплатное получение этой информации и помощь на вашем языке. Звоните по телефону 1-855-532-5465.
- **Este aviso contém informações importantes.** Este aviso contém informações importantes sobre o seu pedido ou cobertura através da DC Health Link. Procure as datas chave neste aviso. Poderá necessitar de tomar providências dentro de certos prazos para manter a sua cobertura de saúde ou para obter ajuda com custos. Tem o direito de obter estas informações e ajuda no seu idioma sem qualquer custo. Ligue 1-855-532-5465.
- **Questo avviso contiene informazioni importanti sulla tua domanda o copertura attraverso DC Health Link.** Cerca le date chiave in questo avviso. Potrebbe essere necessario un tuo intervento entro una scadenza determinata per consentirti di mantenere la tua copertura o una sovvenzione. Hai il diritto di ottenere queste informazioni e assistenza nella tua lingua gratuitamente. Chiama 1-855-532-5465.
- **Thông báo này có Thông tin Quan trọng.** Thông báo này có thông tin quan trọng về đơn hoặc hợp đồng bảo hiểm của bạn qua DC Health Link. Xin xem những ngày quan trọng trong thông báo này. Quý vị có thể phải thực hiện theo đúng thời hạn để duy trì bảo hiểm sức khỏe hoặc giúp đỡ chi phí. Quý vị có quyền được biết thông tin này và được trợ giúp bằng ngôn ngữ của mình miễn phí. Xin gọi số 1-855-532-5465.

- **Libihne lini li gwe banga bi niigana.** Libihne lini li gwe banga bi niigana kolbaha ni ndjombi yonj tole ma teeda monj lonj ni DC Health Link. Yeŋ ma kel ma tobo tobo munu libihne lini. Bebeg le u ga bana nguim mam i bonj nwaa le guim di loo di kola i nyu I teda mateda tole nsaa u mboo wonj. U gwee kundei kosna biniguene bini ni mahola ni hop wong ngui nsaa wogui wo. Sebel I nsinga ini 1-855-532-5465.
- **Ihe Nkwupùta a were ozi di mkpa banyere ya.** Ihe Nkwupùta a were ozi di mkpa banyere ya gbasara maka ariŋo gi ma obu oḡwugwo site na DC Health Link. Lee anya maka ubochi di-kariri mkpa na ihe nkwupùta a. I were ike icho ime ihe na ufodu oge mgwucha ka idebe oḡwugwo ahu ike gi ma obu enyemaka na ikwu ugwo. Inwere ikike inweta ozi a na enyemaka na asusu gi n'efu. Kpo 1-855-532-5465.
- **Edemede a were otutu ihe di nkpa nime ya.** Edemede a were otutu ihe di nkpa nime ya gbasara akwukwo gi ma obu inshooransi site DC Health Link. Chota, ubochi -di-nkpa nime edemede a, maka na enwere oge ga eru nu, I ga eji ego were nweta inshooransi ahu-ike ma obu nye maka. I nwere ohere iwenta nye maka na omuma a na asusu gi na akwu gi ugwo. Kpo 1-855-532-5465.
- **Àkíyesí yíí ní Ifitoniletí Pàtàkì Nínu.** Àkíyesí yíí ní ifitoniletí pàtàkì nípa leta-isèbéèrè tàbí idójútòfò rẹ nípa DC Health Link nínu. Se àwàrí àwọn oṣo pàtàkì tí n bẹ nínu àkíyesí yíí. O le ní láti gbe awon igbese ní ibamu pelu awon oṣo to gbeyin kan ní pátó láti le pa idójútòfò ilera rẹ tàbí iseranwo fun o mo pelu sisanwo. O ní eto lati ri iranwo ati ifitoniletí yíí gbà ní èdè rẹ láisanwó. Pè sórí 1-855-532-5465.
- এই নোটিশটিতে গুরুত্বপূর্ণ তথ্য আছে। DC Health Link এর মাধ্যমে আপনার আবেদন পত্র বা কভারেজ সম্বন্ধে এই নোটিশে গুরুত্বপূর্ণ তথ্য আছে। মূল তারিখগুলির জন্য এই নোটিশটি দেখুন। কিছু নির্দিষ্ট সময়সীমা অনুসারে আপনার স্বাস্থ্য কভারেজ বা তার মূল্যের ক্ষেত্রে আপনার কোন কর্মপ্রক্রিয়া গ্রহণ করার প্রয়োজন হতে পারে। আপনার এই তথ্যটি বিনামূল্যে আপনার ভাষায় পাওয়ার অধিকার আছে। 1-855-532-5465 নম্বরে কল করুন।
- 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 DC Health Link の申請または補償範囲に関する重要な情報が含まれています。この通知に記載されている重要な日付をご確認ください。健康保険や有料サポートを維持するには、特定の期日までに行動を取らなければならない場合があります。ご希望の言語による情報とサポートが無料で提供されます。 1-855-532-5465 までお電話ください。
- 본 통지서는 중요한 정보를 포함하고 있습니다. 이 통지서는 DC Health Link 관련 귀하 또는 귀하의 보험 적용 대상자에 대한 정보가 들어 있습니다. 이 통지서에 나와 있는 중요 날짜를 참조하시기 바랍니다. 건강 보험을 유지하거나 보험료 지원을 받으시려면 해당 만료일자까지 연장하시기 바랍니다. 이에 대한 정보를 귀하의 언어로 비용 부담없이 지원을 받으실 수 있습니다. 해당 언어의 통역사에게 문의하시려면 1-855-532-5465로 전화하십시오.

- ประกาศนี้มีข้อมูลสำคัญ  
ประกาศนี้มีข้อมูลที่สำคัญเกี่ยวกับการสมัครหรือขอเขตประกันสุขภาพของคุณผ่าน DC Health Link  
ดูกำหนดการในประกาศนี้  
คุณอาจจะต้องดำเนินการภายในกำหนดระยะเวลาที่แน่นอนเพื่อจะรักษาการประกันสุขภาพของคุณหรือการ  
ช่วยเหลือที่มีค่าใช้จ่าย คุณมีสิทธิที่จะได้รับข้อมูลและความช่วยเหลือนี้ในภาษาของคุณโดยไม่มีค่าใช้จ่าย  
โทร 1-855-532-5465
- Die Nachricht enthält wichtige Informationen bezüglich Ihres Antrags bei oder Ihres  
Versicherungsschutzes durch DC Health Link. Suchen Sie nach Schlüsseldaten in dieser  
Nachricht. Sie müssen eventuell vor einer bestimmten Frist reagieren, um Ihren  
Versicherungsschutz aufrechtzuerhalten oder um Hilfe bezüglich der Kosten zu erhalten. Sie  
haben das Recht, diese Information und Hilfe kostenfrei in Ihrer Sprache zu erhalten. Wählen Sie  
hierfür 1-855-532-5465.

- يحوي هذا الاشعار معلومات هامة. يحوي هذا الاشعار معلومات هامة بخصوص طلبك أو تغطيتك من خلال DC  
Health Link. ابحث عن التواريخ الهامة في هذا الاشعار. قد تحتاج لاتخاذ اجراء في تواريخ معينة للحفاظ على تغطيتك  
الصحية أو للمساعدة في دفع التكاليف. لك الحق في الحصول على هذه المعلومات والمساعدة بلغتك من دون أي تكلفة. اتصل  
بـ 1-855-532-5465.



**Subject: Important information for your 2016 taxes**

Dear

You are receiving the attached Form 1095-A because you or someone in your household enrolled in a private health insurance plan through DC Health Link (the District's Health Insurance Marketplace) in 2016. Form 1095-A (also called the Health Insurance Marketplace Statement) is an IRS form. It shows how long you had individual (or family) health insurance through DC Health Link last year. You should use this form when completing your federal taxes for 2016 and keep it for your records. We have also sent this information to the IRS, which we are required to do by federal law.

Because you received an advanced premium tax credit in 2016, you must complete IRS Premium Tax Credit Form 8962 using the information on Form 1095-A when you complete your taxes for the year. You may be entitled to an additional premium tax credit, or you may have to pay back to the IRS if the amount of advanced premium tax credit you received exceeds IRS guidelines.

You may receive more than one Form 1095-A if you:

- Also had a plan from another health insurance marketplace during the year
- Changed from one plan offered by DC Health Link to another during the year
- Had family members enrolled in different plans during the year
- Had a change on your plan during the year (for example, added a family member, got a new tax credit amount, or had your coverage stop and start again)

## Understanding Form 1095-A

Form 1095-A has three sections:

Part I includes information about you, the primary health insurance subscriber, and any spouse enrolled in the same plan. It also lists when your policy started and ended.

Part II includes information about everyone in your household who was enrolled in the plan. It lists the dates each person's coverage started and ended.

Part III lists information about each month that your family was covered by the plan:

- Column A shows the amount of your monthly premium that covered the ten Essential Health Benefits. The premium amount you see here may be a few dollars lower than what you paid each month because the IRS requires us not to include the part of your premium that went to pay for benefits beyond the Essential Health Benefits.
- Column B shows the cost of the Second Lowest Cost Silver Plan for any months you received an advanced premium tax credit. If this column is blank and you would like to claim the premium tax credit on your taxes, you can go to [www.dchealthlink.com](http://www.dchealthlink.com) and use our Second Lowest Cost Silver Plan calculator to get this amount.
- Column C shows the amount of any advanced premium tax credit paid to your health insurance plan each month.

The back of the Form 1095-A has instructions for how to use the information on Form 1095-A to fill out Form 8962, the Premium Tax Credit form.

## If You Think We Made a Mistake

The information on your Form 1095-A is based on records provided by your health insurance company and DC Health Link. If you believe the information on your Form 1095-A is not accurate, you can find out how to request a corrected Form 1095-A on [www.dchealthlink.com](http://www.dchealthlink.com), or by calling DC Health Link at (855) 532-5465.

## Questions?

Visit [www.dchealthlink.com](http://www.dchealthlink.com) for more information and to download an electronic copy of this Form 1095-A, or call us at (855) 532-5465/TTY: 711.

DC Health Link cannot provide tax advice. For information on filing a federal tax return, visit the [IRS](http://www.irs.gov/Filing) web site ([www.irs.gov/Filing](http://www.irs.gov/Filing)). For information from the IRS on the [Affordable Care Act](http://www.irs.gov/aca) ([www.irs.gov/aca](http://www.irs.gov/aca)).

## **Notice Regarding Nondiscrimination, Disability and Language Access Services**

The D.C. Health Benefit Exchange Authority and the D.C. Department of Human Services complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. These agencies do not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

These agencies:

- Provide free support and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provide free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

***Exchange (Private Insurance) Customers:*** If you need these services, contact:

DC Health Link Contact Center  
Phone: (855) 532-5465/ TTY: 711  
Email: [info@dchealthlink.com](mailto:info@dchealthlink.com)

***Medicaid Customers:*** If you need these services, contact:

Department of Health Care Finance, Office of the Ombudsman  
441 4<sup>th</sup> Street, NW  
900 South  
Washington, DC 20001  
Phone: (202) 724-7491/ TTY: 711  
Email: [healthcareombudsman@dc.gov](mailto:healthcareombudsman@dc.gov)

***Exchange (Private Insurance) Customers:*** If you believe that the D.C. Health Benefit Exchange Authority has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance in person or by mail, fax, or email with:

Jennifer Libster, Associate General Counsel  
D.C. Health Benefit Exchange Authority  
1225 Eye Street NW, Suite 400  
Washington, DC 20005  
Phone: (202) 715-7576/ TTY: 711  
Email: [1557.grievance@dc.gov](mailto:1557.grievance@dc.gov)  
Fax: (202) 730-1658

You must file a grievance within 60 days of the date you became aware of the alleged discriminatory action. Jennifer Libster is available to help you with the grievance filing process.

**Medicaid Customers:** If you believe that the Department of Human Services has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance in person or by mail, fax, or email with:

Surobhi M. Rooney, Chief Compliance Officer  
DC Department of Health Care Finance, Office of the Senior Deputy  
Director  
441 4<sup>th</sup> Street NW, Suite 900 South  
Washington, DC 20001  
Phone: (202) 442-5916/ TTY: 711

Surobhi Rooney is also available to help you with the grievance filing process.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services  
200 Independence Avenue, SW  
Room 509F, HHH Building,  
Washington, DC 20201  
Phone: (800) 868-1019/ TDD: (800)537-7697

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.



**Health Insurance Marketplace Statement**

► Do not attach to your tax return. Keep for your records.  
► Information about Form 1095-A and its separate instructions  
is at [www.irs.gov/form1095a](http://www.irs.gov/form1095a).

☐ VOID☐ CORRECTED**2016****Part I Recipient Information**

<b>1</b> Marketplace identifier	<b>2</b> Marketplace-assigned policy number	<b>3</b> Policy issuer's name	
<b>4</b> Recipient's name		<b>5</b> Recipient's SSN	<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	<b>11</b> Policy termination date	<b>12</b> Street address (including apartment no.)	
<b>13</b> City or town	<b>14</b> State or province	<b>15</b> 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
<b>16</b>				
<b>17</b>				
<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			
<b>22</b> February			
<b>23</b> March			
<b>24</b> April			
<b>25</b> May			
<b>26</b> June			
<b>27</b> July			
<b>28</b> August			
<b>29</b> September			
<b>30</b> October			
<b>31</b> November			
<b>32</b> December			
<b>33</b> 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 any amount other than zero is shown in Part III, Column C, of this Form 1095-A (meaning that you received premium assistance through advance credit payments) or if you want to take the premium tax credit.** The filing requirement applies whether or not you're otherwise required to file a tax 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. If you or your family members were enrolled in a Marketplace catastrophic health plan or separate dental policy, you aren't entitled to take a premium tax credit for this coverage when you file your return, even if you received a Form 1095-A for this coverage. For additional information related to Form 1095-A, go to [www.irs.gov/affordable-care-act/individuals-and-families/health-insurance-marketplace-statements](http://www.irs.gov/affordable-care-act/individuals-and-families/health-insurance-marketplace-statements).

**VOID box.** If the "VOID" box is checked at the top of the form, you previously received a Form 1095-A for the policy described in Part I. That Form 1095-A was sent in error. You shouldn't have received a Form 1095-A for this policy. Don't use the information on this or the previously received Form 1095-A to figure your premium tax credit on Form 8962.

**CORRECTED box.** If the "CORRECTED" box is checked at the top of the form, use the information on this Form 1095-A to figure the premium tax credit and reconcile any advance credit payments on Form 8962. Don't use the information on the original Form 1095-A you received for this policy.

**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 IV 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 take 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. Covered Individuals, 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, and the starting and ending dates of coverage for each covered individual. For each line, a date of birth is reported in column C only if an SSN isn't entered in column B.

If advance credit payments are made, only the individuals for whom you attested the intention to claim a personal exemption deduction (yourself, spouse, and dependents) to the Marketplace at enrollment will be listed on Form 1095-A. If you attested to the Marketplace at enrollment that one or more of the individuals who enrolled in the plan aren't individuals for whom you intend to claim a personal exemption deduction on your tax return, those individuals won't be listed on your Form 1095-A. For example, if you indicated to the Marketplace at enrollment that an individual enrolling in the policy is your adult child for whom you won't claim a personal exemption deduction, that child will receive a separate Form 1095-A and won't be listed in Part II on your Form 1095-A.

If advance credit payments weren't made and you didn't identify at enrollment the individuals for whom you intended to claim a personal exemption deduction, Form 1095-A will list all enrolled individuals 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. Coverage 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 take the premium tax credit when you file your return.

**Column A.** This column is the monthly premiums for the plan in which you or family members were enrolled, including premiums that you paid and premiums that were paid through advance payments of the premium tax credit. If you or a family member enrolled in a separate dental plan with pediatric benefits, this column includes the portion of the dental plan premiums for the pediatric benefits. If your plan covered benefits that aren't essential health benefits, such as adult dental or vision benefits, the amount in this column will be reduced by the premiums for the non-essential benefits. If the policy was terminated by your insurance company due to nonpayment of premiums for one or more months, then a -0- will appear in this column for these months regardless of whether advance credit payments were made for these months.

**Column B.** This column is the monthly premium for the second lowest cost silver plan (SLCSP) that the Marketplace has determined applies to members of your family enrolled in the coverage. The applicable SLCSP premium is used to compute your monthly advance credit payments and the premium tax credit you take on your return. See the Instructions for Form 8962, Part II, on how to use the information in this column or how to complete Form 8962 if there is no information entered. If the policy was terminated by your insurance company due to nonpayment of premiums for one or more months, then a -0- will appear in this column for the months, regardless of whether advance credit payments were made for these months.

**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. If this is the only column in Part III that is filled in with an amount other than zero for a month, it means your policy was terminated by your insurance company due to nonpayment of premiums, and you aren't entitled to take the premium tax credit for that month when you file your tax return. You still must reconcile the entire advance payment that was paid on your behalf for that month using Form 8962. 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.