

- 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፣ እባኩን በ 1-855-532-5465 ይደውሉ። በሚመርጡት ቋንቋ እናብራራለን። 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.





### **Void Form 1095-A**

Dear

You previously received a Form 1095-A from DC Health Link with information about your 2015 health insurance coverage. After sending you that form, we received updated information about your coverage. You are receiving the attached voided Form 1095-A to reflect that updated information.

Specifically, you or your health plan indicated that you *did not* make premium payments for the plan(s) with the Marketplace-assigned policy numbers listed below (found in Box 2 of your Form 1095-A). Accordingly, we are notifying the IRS to disregard information we sent about your enrollment in these plans. You should not use Form 1095-As with any of the policy numbers listed below when you file your taxes, as they are now void. If you have already filed using a voided Form 1095-A, you may need to file an amended tax return.

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. If there are no Marketplace-assigned policy numbers listed below, there are no other health plans requiring the Form 1095-A for 2015.

Active Policy ID(s):

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

If you believe the information on your corrected Form 1095-A is not accurate, please go to <https://dchealthlink.com/individuals/2015-tax-info> for information on how to request a corrected Form 1095-A, or call DC Health Link at 1-855-532-5465.

## Questions?

Visit <https://dchealthlink.com/individuals/2015-tax-info> 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](http://www.irs.gov/Filing). For information from the IRS on the Affordable Care Act visit [www.irs.gov/aca](http://www.irs.gov/aca).

**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.