DC Health Link Contact Center
1225 Eye Street NW, Suite 400
Washington, DC 20005

THIS IS A COVER PAGE

The enclosed letter has important information about your health or dental insurance, which may include steps you need to take to get or keep your insurance.

IVL_VTA

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DC Health Link
1225 Eye Street NW
Suite 400
Washington, DC 20005

DC HEALTH LINK
Get the facts. Get covered.

IVL_VTA

NOTICE - VOID FORM 1095-A TAX FORM

Dear

You previously received a Form 1095-A from DC Health Link with information about your 2021 health insurance coverage. After sending you that form, you or your insurance company told us you didn't make any premium payments for the plan(s) with the Marketplace-assigned policy number(s) listed below. You're receiving this notice and the enclosed voided Form 1095-A to reflect this updated information.

We have also told the IRS to disregard information we sent about your enrollment in the plan(s) listed above. You should not use the Form 1095-A for any of the above plans when you file your taxes. This Form 1095-A is now void, as shown in the upper right corner of the enclosed form. If you've already filed your taxes using this Form 1095-A, you may need to file an amended tax return.

Our records show that the plans with the Marketplace-assigned policy numbers listed below were active in 2021. The 1095-A Form(s) we sent you for the plan(s) listed below are still valid.

If You Think We Made a Mistake

If you believe the information on your Form 1095-A is not accurate or was voided by mistake, please call DC Health Link at (855) 532-5465 / TTY: 711.

Still Have Questions?

Go to dchealthlink.com, or call us at (855) 532-5465. DC Health Link cannot provide tax advice. For more information on these topics, consult a tax adviser or the IRS website at IRS.gov.

If you have questions or concerns, we're here to help.

The DC Health Link Team

Legal Reference: The following laws, regulations and rules apply to this letter:

DC individual mandate: DC Official Code §47-5102(a)

Federal individual mandate: 26 U.S.C. §5000A

Exchange requirement to send 1095-A: 26 U.S.C. §36B(f); 26 C.F.R. §1-36B-5

Requirement to reconcile advance premium tax credit: 26 C.F.R. §1-36B-4

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Notice Regarding Nondiscrimination, Disability and Language Access Services

The DC Health Benefit Exchange Authority (DCHBX) and the DC Department of Human Services (DHS) comply with applicable Federal civil rights laws and do 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, and
    - Information written in other languages

PRIVATE INSURANCE CUSTOMERS	MEDICAID CUSTOMERS
If you need these services, contact: DC Health Link Phone: (855) 532-5465 TTY: 711 Email: info@dchealthlink.com If you think that DCHBX did not 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: Ms. Jennifer Libster Associate General Counsel DC Health Benefit Exchange Authority 1225 Eye Street NW, Suite 400 Washington, DC 20005 Phone: (202) 715-7576 TTY: 711 Email: 1557.grievance@dc.gov Fax: (202) 730-1658 You must file a grievance within 60 days of the date you became aware of the problem. Ms. Libster can help you with the grievance filing process.	If you need these services, contact: DC Department of Health Care Finance Office of the Ombudsman 441 4th Street, NW, 900 South Washington, DC 20001 Phone: (202) 724-7491 TTY: 711 Email: healthcareombudsman@dc.gov If you believe that DHS did not 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: Ms. Surobhi M. Rooney Chief Compliance Officer DC Department of Health Care Finance Office of the Senior Deputy Director 441 4th Street NW, Suite 900 South Washington, DC 20001 Phone: (202) 442-5916 TTY: 711 Ms. 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.

Get help in your language

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 (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 (855) 532-5465.

ይህ ማስታወቂያ አስፈልግ መረጃ ይዟል። ይህ ማስታወቂያ ስለ ማመልከቻዎ ወይም ስለ DC Health Link ሽፋን አስፈላጊ መረጃ አለው። በዚህ ማስታወቂያ ውስጥ ቁልፍ ቀኖችን 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 (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 (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 (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 (855) 532-5465.

В настоящем уведомлении содержится важная информация. В этом уведомлении содержится важная информация о вашем заявлении или страховом покрытии посредством 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 помощи на вашем языке. Звоните по телефону (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 (855) 532-5465.

Questo avviso contiene informazioni importanti. 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 (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 (855) 532-5465.

Libihne lini li gwe banga bi niigana. Libihne lini li gwe banga bi niigana kolbaha ni ndjombi yoŋ tole ma teeda moŋ loŋ ni DC Health Link. Yeŋ ma kel ma tobo tobo munu libihne lini. Bebeg le u ga bana nguim mam i boŋ nwaa le guim di loo di kola i nyu I teda mateda tole nsaa u mboo woŋ. U gwee kundei kosna biniguene bini ni mahola ni hop wong ngui nsaa wogui wo. Sebel I nsinga ini (855) 532-5465.

Ihe Nkwupụta a were ozi di mkpa banyere ya. Ihe Nkwupụta a were ozi di mkpa banyere ya gbasara maka arịrịọ gị ma obu ọgwụgwọ site na DC Health Link. Lee anya maka ụbọchị dị-karịrị mkpa na ihe nkwupụta a. I were ike ịchọ ime ihe na ụfọdụ oge mgwucha ka idebe ọgwụgwọ ahụ ike gị ma obu enyemaka na ikwu ụgwọ. Inwere ikike inweta ozi a na enyemaka na asụsu gị n'efu. Kpọọ (855) 532-5465.

Àkíyesí yìí ní Ìfitoniletí Pàtàkì Nínu. Àkíyesí yìí ní ìfitoníletí pàtàkì nípa lẹta-ìsèbéèrè tàbí ìdójútòfò rẹ nípa DC Health Link nínu. Se àwárí àwọn ọjọ pàtàkì tí n bẹ nínu àkíyesí yìí. O le ní láti gbe awọn igbesẹ ní ìbámu pẹlu awọn ọjọ tó gbẹyin kan ní pàtó láti le pa ìdójútòfò ìlera rẹ tàbí iseranwọ fun ọ mọ pẹlu sísanwo. O ní ẹtọ lati rí iranwọ àti ìfitónilétí yìí gbà ní èdè rẹ láìsanwó. Pè sórí (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। (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。(855) 532-5465　までお電話ください。

본 통지서는 중요한 정보를 포함하고 있습니다. 이 통지서는 DC Health Link관련 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 (855) 532-5465로 전화하십시오.

ไบประกาศนี้มีข้อมูลสำคัญ ไบประกาศนี้มีข้อมูลที่สำคัญเกี่ยวกับการสมัครหรือขอบเขตประกันสุขภาพของคุณกับ DC Health Link โปรดดูกำหนดการในไบประกาศนี้ให้ดี

คุณอาจจะต้องดาเนินการภายในกำหนดระยะเวลาที่แน่นอนเพื่อที่จะรักษาการประกันสุขภาพของคุณหรือการขอร้องความช่วยเหลือกับค่าใช้จ่าย คุณมีสิทธิที่จะได้รับข้อมูลและความช่วยเหลือเกี่ยวกับเรื่องนี้ในภาษาของคุณโดยไม่ต้องเสียอะไร โทร (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 (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 او للمساعدة في دفع التكاليف. لك الحق في الحصول على هذه المعلومات والمساعدة بلغتك من دون أي تكلفة. اتصل بـ-(855) 532-5465.

Form **1095-A**

Department of the Treasury
Internal Revenue Service

Health Insurance Marketplace Statement

► **Do not attach to your tax return. Keep for your records.**
► **Go to *www.irs.gov/Form1095A* for instructions and the latest information.**

☐ VOID
☐ CORRECTED

OMB No. 1545-2232

2021

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			

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 (Form 1040, Form 1040-SR, or Form 1040-NR) 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 payments of the premium tax credit (also called 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. If you are filing Form 8962, you cannot file Form 1040-NR-EZ, Form 1040-SS, or Form 1040-PR. 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*.

Additional information. For additional information about the tax provisions of the Affordable Care Act (ACA), including the premium tax credit, see *www.irs.gov/Affordable-Care-Act/Individuals-and-Families* or call the IRS Healthcare Hotline for ACA questions (800-919-0452).

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 (SSN). For your protection, this form may show only the last four digits. However, the Marketplace has reported your complete SSN to the IRS.

Line 6. A date of birth will be entered if there is no SSN 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, SSN, 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, the only individuals listed on Form 1095-A will be those whom you certified to the Marketplace would be in your tax family for the year of coverage (yourself, spouse, and dependents). If you certified to the Marketplace at enrollment that one or more of the individuals who enrolled in the plan aren't individuals who would be in your tax family for the year of coverage, 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 who will not be your dependent for the year of coverage, 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 are made and you certify that one or more enrolled individuals aren't individuals who would be in your tax family for the year of coverage, your Form 1095-A will include coverage information in Part III that is applicable solely to the individuals listed on your Form 1095-A, and separately issued Forms 1095-A will include coverage information, including dollar amounts, applicable to those individuals not in your tax family.

If advance credit payments weren't made and you didn't identify at enrollment the individuals who would be in your tax family for the year of coverage, Form 1095-A will list all enrolled individuals in Part II on your Form 1095-A.

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 nonessential benefits. If the policy was terminated by your insurance company due to nonpayment of premiums for 1 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 1 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 must still 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.