

**Part I Recipient Information**

<b>1</b> Marketplace identifier 12-3456XXX	<b>2</b> Marketplace-assigned policy number XXX	<b>3</b> Policy issuer's name INSURER		
<b>4</b> Recipient's name GAIL HUDSON		<b>5</b> Recipient's SSN 021-99-9999	<b>6</b> Recipient's date of birth 04/16/1988	
<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 03/01/2014	<b>11</b> Policy termination date	<b>12</b> Street address (including apartment no.) 2715 BISHOP CIRCLE		
<b>13</b> City or town YOUR CITY	<b>14</b> State or province YOUR STATE	<b>15</b> Country and ZIP or foreign postal code YOUR ZIP		

**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
<b>16</b> GAIL HUDSON	021-99-9999	04/16/1988	03/01/2014	
<b>17</b>				
<b>18</b>				
<b>19</b>				
<b>20</b>				

**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
<b>21</b> January			
<b>22</b> February			
<b>23</b> March	\$300.00	\$334.00	\$142.00
<b>24</b> April	\$300.00	\$334.00	\$142.00
<b>25</b> May	\$300.00	\$334.00	\$142.00
<b>26</b> June	\$300.00	\$334.00	\$142.00
<b>27</b> July	\$300.00	\$334.00	\$142.00
<b>28</b> August	\$300.00	\$334.00	\$142.00
<b>29</b> September	\$300.00	\$334.00	\$142.00
<b>30</b> October	\$300.00	\$334.00	\$142.00
<b>31</b> November	\$300.00	\$334.00	\$142.00
<b>32</b> December	\$300.00	\$334.00	\$142.00
<b>33 Annual Totals</b>	\$3,000.00	\$3340.00	\$1420.00