

**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 Annual Totals</b>			