

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 |
|----------------------------|---------------------------|-------------------------------------|------------------------|------------------------------|
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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 | | | |