

Part 1: Box 3: The name listed will be the official business name of the insurance company so it may be different than the name the consumer is used to seeing. Stand Alone Dental Plan name, start, and end dates will not be listed.

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	
7 Recipient's spouse's name	8 Recipient's spouse's SSN	
10 Policy start date	11 Policy termination date	12 Street address (including apartment or suite number)
13 City or town	14 State or province	15 Country and ZIP or foreign postal code

Part 1: Box 10 & 11: Check the policy start and termination date to make sure it matches the consumer's records, especially if their coverage ended before December 2014.

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
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16 **Part II**

- 17 • Make sure all individuals covered under the policy are listed on one of the received 1095-A forms. Individuals in the same household may be listed on different forms if they were enrolled in different plans, or if there are more than 5 people in the household. Consumers may receive multiple 1095-A forms if they changed coverage during the year or reported a life change during the year.
- 18 • Make sure to check coverage start and end dates—especially if coverage ended before December 2014.

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
21 January			
22 February			
23 March			
24 April			
25 May			
26 June			
27 July			
28 August			
29 September			

Part III: Column A

The monthly premium amount in Lines 21-32, Column A is the *total* monthly premium for the plan—not the amount the consumer paid out of pocket. This premium amount does not include any applied APTC, does not reflect tobacco surcharge, and is increased for premiums for a stand-alone dental plan allocated to pediatric dental benefits.

If a policy was terminated due to a grace period, a consumer should see a "0" for the first month of the grace period.

Consumers could check this amount on their policy documents or by calling the insurance company.

Part III: Column B

The SLCSP is the silver plan with the second lowest premium in the consumer's county. This is the "benchmark plan" that PTC amount is based on. This is not necessarily the plan that the consumer enrolled in. The consumer should check the accuracy of the premium amount listed on the form. They can do so by visiting this page: <https://www.healthcare.gov/taxes/tools/silver/>.

To use this tool, a consumer should enter data about themselves and other family members covered under the Marketplace plan. Enter in the age of the person when their 2014 coverage started. Enter the zip code of where they lived during the months covered. Compare the premium amount generated through this tool to the amount listed in Part III: Column B. The premium amounts should be the same.

Part III: Column C

The monthly APTC amount is the payments that were made to the insurance company on behalf of the consumer. This is not the amount the consumer paid out of pocket.

Consumers should check this amount in their past eligibility notices or plan documents. In many but not all cases, the difference between the monthly premium in Column A and the monthly APTC in Column C will be the amount of premium the consumer paid directly to the insurance company.