

Form 1095-A Department of the Treasury Internal Revenue Service	Health Insurance Marketplace Statement > Information about Form 1095-A and its separate instructions is at www.irs.gov/form1095a .	OMB No. 1545-2232 <div style="font-size: 2em; font-weight: bold; text-align: center;">20 18</div>		
		<input type="checkbox"/> VOID <input checked="" type="checkbox"/> CORRECTED		
Part I Recipient Information				
1 Marketplace Identifier 12-333XXXX	2 Marketplace-assigned policy number 354789	3 Policy issuer's name DELAWARE BLUE		
4 Recipient's name ALBERT J MEADOWS	5 Recipient's SSN 302-00-XXXX	6 Recipient's date of birth 01/17/1954		
7 Recipient's spouse's name LOIS C MEADOWS	8 Recipient's spouse's SSN 312-00-XXXX	9 Recipient's spouse's date of birth 03/25/1976		
10 Policy start date 01/01/2018	11 Policy Termination Date 12/31/2018	12 Street Address (including apartment number) 24 NORTH ST		
13 City, State, and ZIP code YC YS YZIP				
Part II Covered Individuals				
A Covered Individual Name	B Covered Individual SSN	C. Date of Birth	D. Coverage Start Date	E. Coverage Termination Date
16 ALBERT J MEADOWS	302-00-XXXX	01/17/1954	01/01/2018	12/31/2018
17 LOIS C MEADOWS	312-00-XXXX	03/25/1976	01/01/2018	12/31/2018
18 WARREN A MEADOWS	322-00-XXXX	06/21/2003	01/01/2018	12/31/2018
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	\$763.61	\$978.83	\$600.00	
22 February	\$763.61	\$978.83	\$600.00	
23 March	\$763.61	\$978.83	\$600.00	
24 April	\$763.61	\$978.83	\$600.00	
25 May	\$763.61	\$978.83	\$600.00	
26 June	\$763.61	\$978.83	\$600.00	
27 July	\$763.61	\$978.83	\$600.00	
28 August	\$763.61	\$978.83	\$600.00	
29 September	\$763.61	\$978.83	\$600.00	
30 October	\$763.61	\$978.83	\$600.00	
31 November	\$763.61	\$978.83	\$600.00	
32 December	\$763.61	\$978.83	\$600.00	
33 Annual Totals	\$9,163.32	\$11,745.96	\$7,200.00	
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