

Part I Recipient Information

1 Marketplace identifier 10001	2 Marketplace-assigned policy number 20000002	3 Policy issuer's name American People Health		
4 Recipient's name Kris Q. Public		5 Recipient's SSN xxx-xx-1234	6 Recipient's date of birth 06/06/1995	
7 Recipient's spouse's name Tracy R. Public		8 Recipient's spouse's SSN xxx-xxx-4321	9 Recipient's spouse's date of birth 09/09/1995	
10 Policy start date 01/01/2020	11 Policy termination date 12/31/2020	12 Street address (including apartment no.) 1 Main St		
13 City or town Melrose	14 State or province NY	15 Country and ZIP or foreign postal code 12121		

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
16	Kris Q. Public	xxx-xx-1234	06/06/1995	01/01/2020	12/31/2020
17	Tracy R. Public	xxx-xxx-4321	09/09/1995	01/01/2020	12/31/2020
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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	21.14	21.14	21.14
22 February	22.14	22.14	22.14
23 March	23.14	23.14	23.14
24 April	24.14	24.14	24.14
25 May	25.14	25.14	25.14
26 June	26.14	26.14	26.14
27 July	27.14	27.14	27.14
28 August	28.14	28.14	28.14
29 September	29.14	29.14	29.14
30 October	30.14	30.14	30.14
31 November	31.14	31.14	31.14
32 December	32.14	32.14	32.14
33 Annual Totals	319.68	319.68	319.68