

Background: The Health Insurance Marketplace® sends IRS Form 1095-A to each tax filer (as defined under 45 CFR 155.300), or responsible adult on a policy, by January 31 each year. The 1095-A is sent to each tax filer or responsible adult in a household that enrolled in a Marketplace plan (also known as a qualified health plan) for any months in the coverage year, with or without advance payments of the premium tax credit (APTC). The Form 1095-A lists:

- Household members enrolled in the Marketplace plan
- The plan premium
- Any APTC paid on the member's behalf to the issuer.

The following sample is a cover letter to accompany the **corrected** Form 1095-A.

Health Insurance Marketplace

DEPARTMENT OF HEALTH & HUMAN SERVICES
465 INDUSTRIAL BOULEVARD
LONDON, KENTUCKY 40750-0001

[Insert FNLNS of Tax filer or Responsible Adult][Insert Address line 1]
[Insert Address line 2]
[Insert City, State, ZIP code]

[Insert Notice Date]

Application ID: [Insert Application ID]
Plan Name: [Insert Plan name]

You must file a tax return if the IRS Form 1095-A shows that you got advance payments of the premium tax credit. See Part III, Column C on your form.

Use Form 1095-A to complete "IRS Form 8962, Premium Tax Credit" with your federal income tax return when you file (if you haven't already done so).

This notice is about an important change to your IRS Form 1095-A from the Marketplace.

[Insert FNLNS of Tax filer or Responsible Adult]::

Enclosed is your **corrected** tax Form 1095-A about your Health Insurance Marketplace® coverage. You'll need information from this form when you file your [insert applicable coverage year] federal income tax return. The correction may be the result of an error that you or your health insurance company reported on your original Form 1095-A.

This corrected Form 1095-A replaces your original Form 1095-A. Disregard all earlier versions of Form 1095-A for Marketplace assigned policy number [policy number] (see Box 2 of this form). This notice **doesn't** apply to a Form 1095-A with a different Marketplace-assigned policy number, if you have one.

You may get more than one Form 1095-A

This notice applies only to Form 1095-A for Marketplace-assigned policy number [policy number]. You may get more than one Form 1095-A if different members of your household had different health plans, or you updated your application information or switched plans during [insert applicable coverage year]. Keep all Forms 1095-A for your records.

You must file a tax return

You must file a federal income tax return if you or another member of your household got advance payments of the premium tax credit in [insert applicable coverage year] to lower premium costs, even if you don't normally file a return. If you don't file a tax return, you won't qualify for advance payments of the premium tax credit or cost-sharing reductions to help pay for your Marketplace coverage in future years.

Complete "IRS Form 8962, Premium Tax Credit" when you file your taxes. **You'll use information on this corrected Form 1095-A to complete Form 8962.** The Form 1095-A also states which months of [insert applicable coverage year] you and other household members had coverage. You'll need that information to complete IRS Form 8962. Get more details on the back of the enclosed form. If you need Form 8962, visit [IRS.gov/aca](https://www.irs.gov/aca).

Changes to your Form 1095-A information

If you think information on the enclosed corrected Form 1095-A is wrong, call the Marketplace Call Center at 1-800-318-2596 to find out how to get a new corrected Form 1095-A. TTY users can call 1-855-889-4325.

Why Form 1095-A is important

Form 1095-A includes information about:

- You and any members of your household who were enrolled in a Marketplace plan in [insert applicable coverage year].
- Your Marketplace plan premium and other information you may need to fill out your federal income tax return.
- The amount of any advance payments of the premium tax credit we paid in [insert applicable coverage year] to a health plan for your household.

To learn more about the information on your form, visit [HealthCare.gov/tax-form-1095](https://www.healthcare.gov/tax-form-1095).

You may need more information to complete your tax return

When you file your [insert applicable coverage year] taxes, you'll need more information about your premium tax credit if:

- You had changes in your household that you didn't report to the Marketplace – like having a baby, moving, getting married or divorced, or losing a dependent.
- Your corrected Form 1095-A has zeroes printed in Part III, Column B for the months you had coverage.

Visit [HealthCare.gov/tax-tool](https://www.healthcare.gov/tax-tool) to get the information you need if either of these apply to you.

Will I need to file an amended return?

You may need to file an amended return if you already filed your federal tax return for [insert applicable coverage year] and at least one of the following is true:

- You used information from a previous Form 1095-A with the policy number shown above.
- Your corrected Form 1095-A has zeroes printed in Part III, Column B for the months you had coverage.

Visit [IRS.gov](https://www.irs.gov) and enter the keywords "amended return" for more information on when to file an amended return.

You also may get IRS Form 1095-B or IRS Form 1095-C

If you or members of your household had coverage in [insert applicable coverage year] through other programs or plans outside the Marketplace, you may also get a "Form 1095-B, Health Coverage" or "Form 1095-C, Employer-Provided Health Insurance Offer and Coverage." Follow the instructions on these forms when you fill out your tax return.

The monthly enrollment premium listed on your Form 1095-A (Part III, Column A) may be different from your plan's full monthly premium amount

This doesn't always mean there are errors that need to be corrected. The monthly premium on your Form 1095-A may be different from what you expect because:

- Your plan included more than the essential health benefits required by the health care law, like adult dental or vision benefits. In this case, the monthly enrollment premium on your Form 1095-A may show only the amount of your premium that applied to essential health benefits.

- You or a household member started or ended coverage mid-month. Your Form 1095-A only shows the premium for the parts of the month coverage was provided.
- You had a stand-alone dental plan and a dependent under 18 was enrolled in it. In this case, the monthly enrollment premium on your Form 1095-A may be higher than you expect because it includes a portion of the dental plan premiums for pediatric benefits.

If any of these applied to you, the premium shown on your Form 1095-A is probably correct. If you still think the information on your Form 1095-A is wrong, contact the Marketplace Call Center.

How to get help with your taxes

Many people can get free help to fill out their taxes. Visit [IRS.gov/VITA](https://www.irs.gov/VITA) to learn more. You can also visit [IRS.gov/FreeFile](https://www.irs.gov/FreeFile) for electronic filing options.

If you need more information, visit [HealthCare.gov/taxes](https://www.healthcare.gov/taxes).

For more help

- Visit [IRS.gov](https://www.irs.gov) if you have questions about your taxes.
- For questions about Marketplace coverage, visit [HealthCare.gov](https://www.healthcare.gov), or call the Marketplace Call Center at 1-800-318-2596. TTY users can call 1-855-889-4325. You can also make an appointment with someone in your area who can help you. Information is available at [LocalHelp.HealthCare.gov](https://www.localhelp.healthcare.gov).
- Get help in a language other than English. Information about how to access these services is included with this notice and available through the Marketplace Call Center.
- Call the Marketplace Call Center to get this information in an accessible format, like large print, braille, or audio, at no cost to you.

Sincerely,

Health Insurance Marketplace
Department of Health and Human Services
465 Industrial Boulevard
London, Kentucky 40750-0001

Privacy Disclosure: The Health Insurance Marketplace® protects the privacy and security of the personally identifiable information (PII) that you have provided (see [HealthCare.gov/privacy](https://www.healthcare.gov/privacy)). This notice was generated by the Marketplace based on 45 CFR 155.230 and other provisions of 45 CFR part 155, subpart D. The PII used to create this notice was collected from information you provided to the Health Insurance Marketplace®. The Marketplace may have used data from other federal or state agencies or a consumer reporting agency to determine eligibility for the individuals on your application. If you have questions about this data, contact the Marketplace at 1-800-318-2596 (TTY: 1-855-889-4325).

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1207.

Nondiscrimination: The Health Insurance Marketplace® doesn't exclude, deny benefits to, or otherwise discriminate against any person on the basis of race, color, national origin, disability, sex (including sexual orientation and gender identity), or age. If you think you've been discriminated against or treated unfairly for any of these reasons, you can file a complaint with the Department of Health and Human Services, Office for Civil Rights by calling 1-800-368-1019 (TTY: 1-800-537-7697), visiting [hhs.gov/ocr/civilrights/complaints](https://www.hhs.gov/ocr/civilrights/complaints), or writing to the Office for Civil Rights/ U.S. Department of Health and Human Services/ 200 Independence Avenue, SW/ Room 509F, HHH Building/ Washington, D.C. 20201.

Health Insurance Marketplace® is a registered service mark of the U.S. Department of Health & Human Services.

This Notice Has Important Information. This notice has important information about your application or coverage through the Health Insurance Marketplace®. Look for key dates in this notice. You may need to take action by certain deadlines to keep your health coverage or help with costs. You have the right to get this information and help in your language at no cost. Call 1-800-318-2596 and wait through the opening. When an agent answers, state the language you need and you'll be connected with an interpreter.

العربية (Arabic) يحتوي هذا الإشعار على معلومات هامة بخصوص طلبك أو تغطيتك من خلال سوق التأمين الصحي. ابحث عن التواريخ الرئيسية في هذا الإشعار. قد تحتاج إلى اتخاذ إجراء في مواعيد معينة للحفاظ على تغطيتك الصحية أو للمساعدة في التكاليف. لك الحق في الحصول على هذه المعلومات وعلى المساعدة بلغتك من دون أي تكلفة. اتصل بالرقم 1-800-318-2596 و انتظر عند سماعك الافتتاحية. عندما يجيبك الممثل قم بتحديد اللغة التي تحتاج و سيجري وصلك بالمترجم.

中文 (Chinese) 本通知包含您通过健康保险市场的申请或保险范围方面的重要信息。查阅本通知中的重要日期。您可能需要在某些截止日期前采取行动以续保或有助于节省某些费用。您有权免费获取本信息以及您所使用语种的帮助。请致电 1-800-318-2596 并聽完全部錄音。當有代表接聽時，請說明您所需的语种，屆時將有译員与您联系。

Français (French) Cet avis contient des informations importantes concernant votre demande ou votre couverture à travers le Marché d'assurance maladie. Recherchez les dates clés dans le présent avis. Vous pourrez avoir besoin de prendre des mesures avant certaines dates limites afin de garder votre couverture santé ou de vous aider avec les coûts. Vous avez le droit d'obtenir ces informations et de l'aide dans votre langue sans frais. Appelez le 1-800-318-2596 et appuyez sur « 0 » à deux reprises attendre à travers l'ouverture. Quand l'agent répond indiquez la langue dont vous avez besoin et vous serez mis en relation avec un interprète.

Kreyòl (French Creole) Avi sa a gen enfòmasyon enpòtan sou aplikasyon w lan oswa pwoteksyon atravè Health Insurance Marketplace la. Gade pou datkle nan avi sa a. Ou ka bezwen pran aksyon pa yon sèten dat limit pou ou kenbe asirans sante ou oswa èd ak depans yo. Ou gen dwa pou ou jwenn enfòmasyon sa a akèd nan lang ou sanpa sa pa koute ou anyen. Rele 1-800-318-2596 epi rete tann ouvèti an. Lè yon ajan reponn, di lang ou bezwen an epi ou pral konekte ak yon entèprete.

Deutsch (German) Diese Benachrichtigung enthält wichtige Informationen zu Ihrem Antrag oder Versicherung durch den Health Insurance Marketplace. Suchen Sie nach wichtigen Terminen in dieser Benachrichtigung. Sie müssen möglicherweise bis zu bestimmten Stichtagen handeln, um Ihre Krankenversicherung aufrechtzuerhalten oder Hilfe mit Kosten zu erhalten. Sie haben das Recht, diese Informationen und Hilfe in Ihrer Sprache kostenlos zu erhalten. Rufen Sie 1-800-318-2596 an und warten Sie die Ansage ab. Wenn sich ein Mitarbeiter meldet, wählen Sie die Sprache aus, die Sie benötigen und Sie werden mit einem Dolmetscher verbunden.

ગુજરાતી (Gujarati) આ સૂચનામાં આરોગ્યવિમામાર્કેટસ્થળ સમારકતેતમારીઅરજીઅથવા સર્વગ્રાહી વીમો વિશેનીમહત્વનીમાહિતીછે. આ સૂચનામાંમહત્વનીતારીખોમાટેજુઓ. તમેતમારાઆરોગ્યઆવરીલેવાઅથવાખર્ચમાંમદદકરવામાટેઅમુકચોક્કસ નિશ્ચિત સમય ને હદમાં ધ્યાનમાંરાખીનેપગલાંલેવાનીજરૂરપડેછે. મનેકોઈપણખર્ચવિનાતમારીભાષામાંઆજ્ઞાણકારીઅનેમદદમેળવવાનોઅધિકારછે. 1-800-318-2596 અને શરૂઆતના મારફતે રાહ જુઓ. એક એજન્ટ જવાબ આપે, ત્યારે તેમને તમે જરૂરી ભાષા જણાવો અને તમને દુભાષિયો સાથે જોડવામાં આવશે.

Italiano (Italian) Questo avviso contiene importanti informazioni. Questo avviso contiene importanti informazioni riguardo la sua richiesta o copertura assicurativa tramite l'Health Insurance Marketplace. Controlli le date più importanti di questo avviso. Potrebbe avere la necessità di compiere alcune azioni al fine di conservare la sua copertura medica o per ridurne i costi. Ha il diritto di ricevere queste informazioni ed assistenza nella sua lingua senza costi aggiuntivi. Chiami all'1-800-318-2596 e resti in attesa del primo operatore disponibile. Quando un nostro operatore risponderà, comunichi la lingua di cui ha bisogno e sarà collegato/a con un interprete.

日本語(Japanese) この通知には重要な情報が含まれています。この通知には、Health Insurance Marketplace 経由のアプリケーションまたは補償範囲に関する重要な情報が含まれます。この通知では、重要な期日について確認してください。補償範囲や費用サポートを維持するには、指定の期日までにご対応いただく必要がある場合があります。これらの情報を無料で取得する権利および希望の言語でサポートを受ける権利があります。1-800-318-2596 にお問い合わせいただき、つながるまでお待ちください。エージェントにつながりましたら、必要とする言語をお伝え下さい。通訳者とつながります。



한국어 (Korean) 이 통지서에는 건강 보험 시장을 통한 귀하의 신청이나 보험 커버리지에 관한 중요한 정보가 포함되어 있습니다. 이 통지서에 나타난 중요한 날짜들을 잘 찾아 보십시오. 귀하는 귀하의 보험 커버리지를 계속 유지시키거나 경비를 절감하는 도움을 얻기 위해서 일정한 마감일 까지 필요한 조치를 취해야 할 수도 있습니다. 귀하는 귀하의 언어로 이 정보와 도움을 무료로 받을 수 있는 권리가 있습니다. 1-800-318-2596 로 전화하시고 시작하기 전에 기다리십시오. 직원이 전화를 받으면 귀하가 필요한 언어를 말씀하십시오. 그러면 통역사와 연결될 것입니다.

Polski (Polish) To ogłoszenie zawiera ważne informacje odnośnie Państwa wniosku o ubezpieczenie lub polisy zdrowotnej zakupionej przez Rynek Ubezpieczeń Zdrowotnych. Prosimy zwrócić uwagę na kluczowe daty zawarte w tym ogłoszeniu aby przy podejmowaniu ewentualnych decyzji dotyczących odnowienia polisy lub pomocy związanej z kosztami, nie przekroczyć terminów. Macie Państwo prawo do bezpłatnej informacji we własnym języku. W tym celu prosimy o telefon pod numer 1 800 318 2596, następnie proszę poczekać na zgłoszenie się operatora i wypowiedzenie preferowanego języka a rozmowa zostanie przełączona do tłumacza.

Português (Portuguese) Este aviso contém informações importantes sobre sua aplicação ou cobertura ao longo do Mercado de Planos de Saúde (Health Insurance Marketplace). Observe as datas importantes nesse aviso. Você poderá precisar tomar medidas, até determinados prazos, para manter sua cobertura médica ou ajuda de custo. Você tem o direito de obter tais informações e auxílio em seu idioma, sem custo algum. Ligue para 1-800-318-2596 e espere através da introdução. Quando o agente atende, afirme o idioma que precisa e você será transferido para um intérprete.

Русский (Russian) В настоящем уведомлении содержится важная информация о вашей страховке через рынок медицинского страхования. Вы можете найти важные даты в данном уведомлении. Возможно, вам придется предпринять некоторые действия к конкретным срокам, с тем, чтобы сохранить вашу медицинскую страховку или финансовую помощь на медицинские расходы. Вы имеете право на получение этой информации и помощи на родном языке бесплатно. Позвоните по номеру 1-800-318-2596 и прослушайте вступительную информацию до конца. Когда ответит агент, укажите необходимый язык, и вас соединят с переводчиком.

Español (Spanish) Este aviso contiene información importante sobre su solicitud o la cobertura que tiene a través del Mercado de Seguros Médicos. Consulte las fechas importantes que figuran aquí. Es probable que deba tomar medidas antes de algunas fechas clave para mantener su cobertura de salud o seguir recibiendo ayuda para pagar los costos. Usted tiene derecho a recibir esta información y asistencia en su idioma en forma gratuita. Llame al 1-800-318-2596 y espere a través de la introducción. Cuando el agente atiende, indique el idioma que necesita y lo pondrán en comunicación con un intérprete.

Tagalog (Tagalog) Ang paunawa na ito ay may nilalamang mahalagang impormasyon tungkol sa iyong aplikasyon o kaseguruhan sa pamamagitan ng Health Insurance Marketplace. Tingnan ang mga mahalagang petsa sa paunawang ito. Maaring mangailangang gumawa ka ng hakbang sa loob ng mga itinakdang petsa upang mapanatili ang iyong kaseguruhang pangkalusugan o makatanggap ng tulong sa mga gastos. Mayroon kang karapatang makuha ang impormasyon na ito at tulong sa iyong wika ng walang gastos. Tumawag sa 1-800-318-2596 at maghintay ng pagkakataong mabuksan ang linya. Kapag sumagot ang isang ahente, sabihin ang kailangan mong wika at ikaw ay iuugnay sa isang tagapagsalin sa Tagalog.

Tiếng Việt (Vietnamese) Thông báo này có thông tin quan trọng về đơn xin của quý vị hoặc hợp đồng bảo hiểm của chương trình Thị trường bảo hiểm sức khỏe Marketplace. Xin xem những ngày then chốt trong thông báo này. Quý vị có thể phải thực hiện theo thông báo đúng thời hạn để duy trì bảo hiểm sức khỏe hoặc được trợ giúp thêm về chi phí. Quý vị có quyền được biết thông tin này và được trợ giúp bằng ngôn ngữ của mình hoàn toàn miễn phí. Xin gọi 1-800-318-2596 và đợi nghe hết lời mở đầu. Khi nghe một nhân viên trả lời, hãy nói ngôn ngữ của mình là gì và quý vị sẽ được kết nối với một thông dịch viên.

