

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 AND HUMAN SERVICES
465 INDUSTRIAL BOULEVARD
LONDON, KENTUCKY 40750-0001

[Name 1 tax filer]
[Address]
[City, State ZIP]

[Date]

Application ID: #####

Plan Name: [Plan Name]

You must file a tax return if your IRS Form 1095-A, "Health Insurance Marketplace[®] Statement," shows 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 (PTC)" and include it with your federal income tax return when you file. If you don't, you may have to pay back some or all of the tax credit you got last year.

[Name 1 tax filer]:

Enclosed is your **corrected** tax Form 1095-A about your Marketplace coverage. You might be getting this corrected form because you or your health insurance company reported a mistake on your original Form 1095-A. You'll need information from this form when you file your 2025 federal income tax return.

This corrected Form 1095-A replaces your original Form 1095-A. Disregard all earlier versions of Form 1095-A for Marketplace-assigned policy number [XXXXXX] (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 [XXXXXX]. 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 2025. Keep all 1095-A forms 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 2025 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 and include it when you file your taxes. **You'll use information on this corrected Form 1095-A to complete Form 8962.** Get more details on the back of the enclosed form. If you need Form 8962, visit [IRS.gov/pub/irs-pdf/f8962.pdf](https://www.irs.gov/pub/irs-pdf/f8962.pdf).

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:

- Months you and any other members of your household had Marketplace coverage in 2025.
- 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 2025 to a health plan for your household.

Visit [HealthCare.gov/tax-form-1095](https://www.healthcare.gov/tax-form-1095) to learn more about your Form 1095-A. If you need another copy of this form, you can also access it through:

- Your Marketplace account.
- Your IRS Individual Online Account. Visit [IRS.gov/payments/online-account-for-individuals](https://www.irs.gov/payments/online-account-for-individuals) to create or log into your IRS account.

You may need more information to complete your tax return

When you file your 2025 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 2025 and either:

- 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/filing/file-an-amended-return](https://www.irs.gov/filing/file-an-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 2025 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 you had coverage.
- 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/individuals/free-tax-return-preparation-for-qualifying-taxpayers](https://www.irs.gov/individuals/free-tax-return-preparation-for-qualifying-taxpayers) to learn more. You can also visit [IRS.gov/filing/irs-free-file-do-your-taxes-for-free](https://www.irs.gov/filing/irs-free-file-do-your-taxes-for-free) 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.
- Make an appointment with someone in your area who can help you. Information is available at [HealthCare.gov/find-local-help](https://www.healthcare.gov/find-local-help).
- 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, 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/civil-rights/filing-a-complaint/complaint-process, 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 and Human Services.

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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.

لعربية (Arabic) يحوي هذا الإشعار على معلومات مهمة. يحوي هذا الإشعار على معلومات مهمة بخصوص طلبك أو تغطيتك عبر سوق التأمين الصحي (Health Insurance Marketplace®) إبحث عن التواريخ المهمة في هذا الإشعار. قد تحتاج إلى إتخاذ إجراء بحلول تواريخ معينة للحفاظ على تغطيتك الصحية أو للمساعدة بخصوص التكاليف. يحق لك الحصول على هذه المعلومات و على المساعدة بلغتك من دون أي تكلفة. إتصل بالرقم 1-800-318-2596 وانتظر حتى تنتهي الإفتتاحية. اذكر اللغة التي تحتاجها عندما يرد عليك العميل و سيتم وصلك بمتترجم فوري.

中文 (Chinese) 本通知含有重要的訊息。 本通知含有關於通過健康保險市場 (Health Insurance Marketplace®) 申請或獲得承保的重要訊息。請在本通知中查看重要的日期。您可能要在特定的截止日期之前採取行動，以保留您的健康保險或有助於省錢。您有權利免費以您的母語得到幫助和訊息。請致電 1-800-318-2596 並等待接聽。告訴服務代表要用的語言後，便會接通口譯員。

Français (French) Cet avis contient des informations importantes. Cet avis comporte des informations importantes relatives à votre demande ou à votre couverture par le marché de l'assurance maladie (Health Insurance Marketplace®). Prêtez attention aux dates importantes figurant dans cet avis. Il se peut que vous deviez prendre des mesures avant certaines dates limites pour conserver votre couverture médicale ou bénéficier d'une aide financière. Vous êtes en droit d'obtenir ces informations et cette aide dans votre langue, et ce gratuitement. Appelez le 1-800-318-2596 et patientez. Dès qu'un agent décroche, indiquez la langue dont vous avez besoin et vous serez mis en rapport avec un interprète.

Kreyòl (French Creole) Avi sa a gen enfòmasyon Enpòtan. Avi sa a gen enfòmasyon enpòtan konsènan aplikasyon w lan ak pwoteksyon ou an atravè Health Insurance Marketplace®. Chèche dat kle yo nan avi sa a. Li posib pou pran desizyon avan sèten dat limit pou konsève pwoteksyon medikal ou oswa pou ede ak pri yo. Ou gen dwa pou jwenn enfòmasyon sa a ak èd nan lang ou gratis. Rele 1-800-318-2596 epi tann sou liy nan. Lè yon ajan reponn, di lang ou bezwen an epi y ap mete w an koneksyon avèk yon entèprèt.

Deutsch (German) Diese Mitteilung enthält wichtige Informationen. Diese Mitteilung enthält wichtige Informationen zu Ihrem Antrag oder Ihrer Versicherung über den Health Insurance Marketplace®. Achten Sie auf die Eckdaten in dieser Mitteilung. Möglicherweise müssen Sie innerhalb bestimmter Fristen Maßnahmen ergreifen, um Ihren Krankenversicherungsschutz zu behalten oder sich an den Kosten zu beteiligen. Sie haben das Recht, die Informationen und Hilfen kostenlos in Ihrer Sprache zu erhalten. Rufen Sie die Nummer 1-800-318-2596 an und warten Sie, bis das Gespräch angenommen wird. Wenn sich ein Mitarbeiter meldet, geben Sie die Sprache an, die Sie benötigen, und Sie werden mit einem Dolmetscher verbunden.

ગુજરાતી (Gujarati) આ સૂચનામાં અગત્યની માહિતી છે. આ સૂચનામાં તમારી આરોગ્ય વીમા બજાર (Health Insurance Marketplace®) દ્વારા કરવામાં આવેલ અરજી અથવા તેના દ્વારા આવરી લીધેલ જોખમ વિશે અગત્યની માહિતી છે. આ સૂચનામાં મુખ્ય તારીખો જુઓ. તમારા વીમા દ્વારા આવરી લીધેલ આરોગ્ય જોખમ અથવા ખર્ચમાં મદદને જાળવી રાખવા માટે તમારે ચોક્કસ સમયમર્યાદામાં પગલાં લેવાની જરૂર પડી શકે છે. તમને કોઈપણ ખર્ચ વિના તમારી ભાષામાં આ માહિતી અને મદદ મેળવવાનો અધિકાર છે. 1-800-318-2596 પર કૉલ કરો અને શરૂઆતમાં રાહ જુઓ. જ્યારે કોઈ પ્રતિનિધિ જવાબ આપે, ત્યારે તમને જોઈતી ભાષા જણાવો અને તમને અનુવાદક સાથે જોડવામાં આવશે.

Italiano (Italian) Questo avviso contiene importanti informazioni. Questo avviso contiene importanti informazioni sulla tua richiesta o copertura assicurativa attraverso il mercato delle assicurazioni sanitarie (Health Insurance Marketplace®). Questo avviso include date importanti. Potrebbe essere necessario un tuo intervento entro certe scadenze per mantenere l'assicurazione sanitaria o assistenza con i costi. Hai diritto ad ottenere queste informazioni e assistenza nella tua lingua a titolo gratuito. Chiama il 1-800-318-2596 e attendi la fine dell'introduzione. Quando un agente risponde, indica la lingua di cui hai bisogno e sarai collegato a 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、健康保険マーケットプレイス (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ています。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) 본 통지는 중요한 정보를 담고 있습니다. 본 통지는 건강보험 마켓플레이스(Health Insurance Marketplace®)를 이용한 신청 또는 보장에 대한 중요한 정보를 담고 있습니다. 본 통지에서 주요 날짜를 확인하십시오. 건강보험을 유지하거나 비용에 도움을 받기 위해 특정 마감일까지 조치를 취해야 할 수도 있습니다. 귀하에게는 이러한 정보를 받고 무료로 귀하의 언어로 도움을 받을 권리가 있습니다. 1-800-318-2596으로 전화하여 연결을 기다리십시오. 담당자가 연결될 때, 원하시는 언어를 알려주시면 통역자에게 연결됩니다.

Polski (Polish) Niniejsze zawiadomienie zawiera ważne informacje. Niniejsze zawiadomienie zawiera ważne informacje na temat Twojego wniosku lub zakresu ubezpieczenia za pośrednictwem rynku ubezpieczeń zdrowotnych (Health Insurance Marketplace®). Szukaj kluczowych dat w tym ogłoszeniu. Być może będziesz musiał/a podjąć działania w określonych terminach, aby utrzymać ubezpieczenie zdrowotne lub pomóc w pokryciu kosztów. Masz prawo do uzyskania tych informacji i pomocy w swoim języku bez żadnych kosztów. Zadzwoń pod numer 1-800-318-2596 i czekaj, aż skończy się wstępna informacja. Gdy włączy się agent, podaj język, który jest Ci potrzebny, a zostaniesz połączony z tłumaczem.

Português (Portuguese) Este aviso tem informações importantes. Este aviso tem informações importantes sobre sua solicitação ou cobertura por meio do mercado de seguros de saúde (Health Insurance Marketplace®). Procure as datas importantes neste aviso. Você pode precisar agir dentro de certos prazos para manter sua cobertura de saúde ou obter ajuda com os custos. Você tem o direito de obter essas informações e ajuda gratuitamente no seu idioma. Ligue para 1-800-318-2596 e espere o fim da gravação de abertura. Quando o agente responder, diga o idioma que você precisa e você será conectado(a) a um intérprete.

Русский (Russian) В этом уведомлении содержится важная информация. В этом уведомлении содержится важная информация о вашей заявке или страховом покрытии на портале Рынка медицинского страхования Marketplace (Health Insurance Marketplace®). Это уведомление содержит ключевые даты. Возможно, вам потребуется принять меры к определенным срокам, чтобы сохранить свою медицинскую страховку или помочь в покрытии расходов. У вас есть право получить эту информацию и помощь на вашем языке бесплатно. Позвоните по телефону 1-800-318-2596 и переждите вступительное сообщение. Когда агент ответит, укажите нужный вам язык, и вас соединят с переводчиком.

Español (Spanish) Este Aviso contiene Información Importante. Este aviso contiene información importante sobre su solicitud o su cobertura del Mercado de Seguros Médicos (Health Insurance Marketplace®). Preste atención a las fechas claves en este aviso. Usted podría tener que actuar dentro de ciertos plazos para mantener su cobertura médica u obtener ayuda con los costos. Tiene derecho a recibir esta información y ayuda en su idioma sin costo. Llame al 1-800-318-2596 y espere hasta el fin del mensaje inicial. Cuando un agente contesta, indique el idioma que usted necesita y será conectado con un intérprete.

Tagalog (Tagalog) Ang Paunawang ito ay mayroong mahalagang impormasyon. Ang paunawang ito ay mayroong mahalagang impormasyon tungkol sa iyong aplikasyon o pagsakop sa pamamagitan ng Pamilihan ng Segurong Pangkalusugan (Health Insurance Marketplace®). Tingnan ang mga pangunahing petsa sa paunawang ito. Maaaring kailangan mong gumawa ng aksyon sa tiyak na mga huling araw upang mapanatili mo ang sakop sa kalusugan o makatulong sa mga gastos. Mayroon kang karapatan na makakuha ng ganitong impormasyon at ng tulong sa iyong wika ng walang gastos. Tumawag sa 1-800-318-2596 at maghintay hanggang magbukas. Kapag sumagot ang isang ahente, sabihin mo ang wika na kailangan mo at iugnay ka sa isang tagasalin ng wika.

Tiếng Việt (Vietnamese) Thông báo này có Thông tin Quan trọng. Thông báo này có thông tin quan trọng về đơn đăng ký hoặc bảo hiểm của quý vị thông qua Thị trường Bảo hiểm Sức khỏe (Health Insurance Marketplace®). Tìm xem các ngày quan trọng trong thông báo này. Quý vị có thể cần phải hành động theo một số thời hạn nhất định để duy trì bảo hiểm sức khỏe của mình hoặc được giúp đỡ về phần chi phí. Quý vị có quyền nhận thông tin này và được giúp đỡ bằng ngôn ngữ của quý vị miễn phí. Hãy gọi 1-800-318-2596 và đợi đến khi mở cửa. Khi người đại diện trả lời, hãy nói với họ ngôn ngữ mà quý vị cần sử dụng và quý vị sẽ được kết nối với một thông dịch viên.

