

Background: The Health Insurance Marketplace will send Form 1095-A to each tax filer (as defined under 45 CFR 155.300), or responsible adult on a policy, on or before January 31st of each year. The following document represents a cover sheet that the Marketplace will include with the completed 1095-A that will be sent to each tax filer or responsible adult. Individuals will receive a completed Form 1095-A if they or a member of their household were enrolled in a qualified health plan (QHP) through the Marketplace for any months in the coverage year, with or without receiving advance payment of the premium tax credit (APTC). Form 1095-A lists the individuals who were enrolled in a QHP, the QHP premium, and any APTC that was paid on the enrollee's behalf to the issuer.

[Name of tax filer or responsible adult]
[address]

[Date]

Application ID: [number]

Plan Name:

Dear [Name of tax filer or responsible adult]:

Since you had Health Insurance Marketplace coverage for all or some part of [insert applicable coverage year], we're required to provide you with important information you'll need to correctly fill out your federal income tax return for that year. We're sending you this completed Form 1095-A (Health Insurance Marketplace Statement) because it includes this information. A copy of this information also has been given to the IRS. Please keep this form 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 received any 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. When you file your tax return electronically or by mail, you must complete and file Form 8962 (Premium Tax Credit). Use the information on the included Form 1095-A to complete Form 8962. Also, when you complete your federal income tax return, you'll need to indicate that you had Health Insurance Marketplace coverage for some or all of [insert applicable coverage year]. If you want more information about Form 1095-A, read the "Instructions for Recipient" section on the back of the enclosed form. If you need Form 8962, visit irs.gov.

Many people who signed up for Marketplace coverage can get free assistance with filling out their taxes. This may include free access to tax software programs, or free in-person assistance. For more information, visit IRS.gov/freefile or IRS.gov/VITA.

Why Form 1095-A is important

Form 1095-A includes:

- information about you and any other members of your household who were enrolled in a Marketplace plan during [insert applicable coverage year]
- information about 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 that we paid in [insert applicable coverage year] to a health plan on your behalf or on behalf of other members of your household.

Changes to your Form 1095-A information

If you think information on the attached Form 1095-A is incorrect, call the Marketplace Call Center at the number below to find out how to get a corrected Form 1095-A.

If the "CORRECTED" box on the top of your Form 1095-A is checked, this means we made a change to the information we originally provided to you. Be sure you use this corrected form when you complete Form 8962 and file your federal income tax return.

If you already filed your federal income tax return using information from a previous Form 1095-A we sent you, and you didn't resolve the incorrect information with the IRS, you may need to file an amended return. Visit [irs.gov](https://www.irs.gov) and enter the keywords "amended return" for more information on when to file an amended return.

It's also important to note that you may receive more than one Form 1095-A, because different members of your household had different health plans, you updated your coverage information during [insert applicable coverage year], or you switched plans during [insert applicable coverage year]. Be sure to keep all Forms 1095-A with your important tax documents.

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

If you or members of your household had coverage in [insert applicable coverage year] through other programs or plans outside of the Marketplace, you may also be getting a Form 1095-B (Health Coverage) or Form 1095-C (Employer-Provided Health Insurance Offer and Coverage). It's important to follow the instructions on these forms, so you fill out your federal income tax return correctly.

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-You-by-Volunteers](https://www.irs.gov/Individuals/Free-Tax-Return-Preparation-for-You-by-Volunteers) to learn more about getting help.

If you need more information, visit [HealthCare.gov/taxes](https://www.healthcare.gov/taxes) or call the Marketplace Call Center at 1-800-318-2596 (TTY: 1-855-889-4325).

Sincerely,

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

You have the right to get the information in this notice in an alternate format. You also have the right to file a complaint if you feel you've been discriminated against. Visit <https://www.cms.gov/about-cms/agency-Information/aboutwebsite/cmsnondiscriminationnotice.html>, or call the Marketplace Call Center at 1-800-318-2596 for more information. TTY users should call 1-855-889-4325.

THE PAGES FOLLOWING THIS COVER LETTER ARE RESERVED FOR FORM 1095-A AND INSTRUCTIONS AND FOR LANGUAGE TAGLINES

Example