

California Health Insurance Marketplace Statement

2024

3895

VOID CORRECTED

Recipient's name	Initial	Last name	Suffix	Recipient's SSN	Recipient's date of birth
Spouse's first name	Initial	Last name	Suffix	Spouse's SSN	Spouse's date of birth

Address (apt./ste., room, PO box, or PMB no.)

City	State	ZIP code
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Marketplace identifier	Marketplace-assigned policy number	Policy issuer's name
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Policy start date	Policy termination date	<input type="checkbox"/> Repayment cap may not apply
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Part I Covered Individuals

(a) Covered individual name		(b) Covered individual SSN	(c) Covered individual date of birth	(d) Coverage start date	(e) Coverage termination date
First name	Last name				
1					
2					
3					
4					
5					

Part II Coverage Information

Month	(a) Monthly enrollment premiums	(b) Monthly second lowest cost silver plan (SLCSP) premium	(c) Monthly advance payment of premium assistance subsidy
6 January			
7 February			
8 March			
9 April			
10 May			
11 June			
12 July			
13 August			
14 September			
15 October			
16 November			
17 December			
18 Annual Totals			