

Part I Recipient Information

1 Marketplace identifier FL	2 Marketplace-assigned policy number 130501743	3 Policy issuer's name Ambetter from Sunshine Health	
4 Recipient's name PEDRO DE PALOS		5 Recipient's SSN xxx-xx-1933	6 Recipient's date of birth 04/08/1982
7 Recipient's spouse's name MARIA C DE PAOLOS		8 Recipient's spouse's SSN xxx-xx-8879	9 Recipient's spouse's date of birth 05/12/1960
10 Policy start date 02/01/2023	11 Policy termination date 12/31/2023	12 Street address (including apartment no.) 1411 ST GABRIELLE LN APT 3501	
13 City or town WESTON	14 State or province FL	15 Country and ZIP or foreign postal code US 33326	

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	PEDRO DE PALOS	xxx-xx-1933	04/08/1982	02/01/2023	12/31/2023
17	MARIA C DE PAOLOS	xxx-xx-8879	05/12/1960	02/01/2023	12/31/2023
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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	0.00	0.00	0.00
22 February	1,669.08	1,486.08	1,450.00
23 March	1,669.08	1,486.08	1,450.00
24 April	1,669.08	1,486.08	1,450.00
25 May	1,669.08	1,486.08	1,450.00
26 June	1,669.08	1,486.08	1,450.00
27 July	1,669.08	1,486.08	1,450.00
28 August	1,669.08	1,486.08	1,450.00
29 September	1,669.08	1,486.08	1,450.00
30 October	1,669.08	1,486.08	1,450.00
31 November	1,669.08	1,486.08	1,450.00
32 December	1,669.08	1,486.08	1,450.00
33 Annual Totals	18,359.88	16,346.88	15,950.00