



# Accessing a Consumer's Form 1095-A

## Overview

A cover letter and **IRS Form 1095-A** are generated for consumers as electronic documents that can be accessed via a consumer's **Secure Mailbox** account. These documents are displayed in the account as an official Covered California notice listed as **[YYYY] Federal Tax Form (1095-A)**.

- **[YYYY] Federal Tax Form (1095-A)** is generated each calendar year and includes the IRS Form 1095-A and instructions.
- **[YYYY] Federal Tax Form (1095-A) Revised** is generated as a correction to the initial Form **1095-A**. It may take up to 60 days after corrections have been submitted to Covered California to generate in the account, and an additional 14 days to be mailed as a paper copy.
- Consumers, Agents, and Counselors have the ability to view and print these documents from their [CalHEERS account](#) once it has been generated
- Please note: Prior year's 1095-A forms display a full Social Security Number and Date of Birth for consumers; if you are attempting to access a prior year's form that did not mask the Consumer's PII, you will be asked to generate a One Time Passcode before opening the document.

## Home Page

Once consumers login, they can access the documents from their home page.

The screenshot displays the user interface of the Covered California account. It is divided into three main sections:

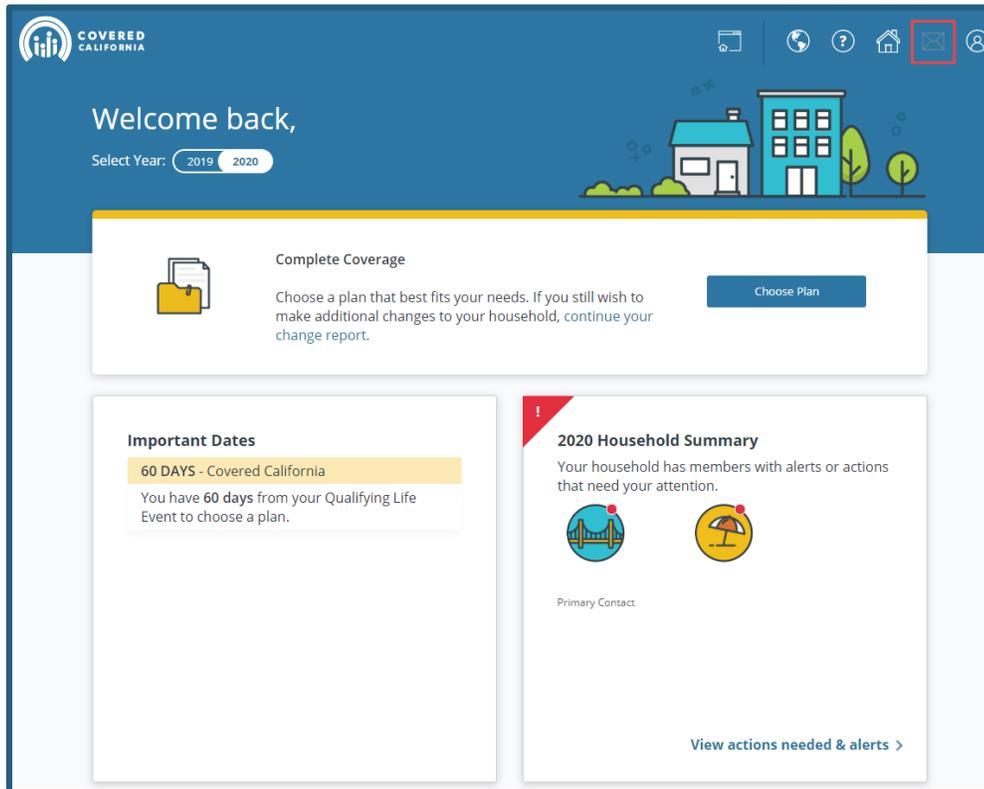
- Complete Coverage:** Features a folder icon, the text "Choose a plan that best fits your needs. If you wish to make any additional changes to your household, you can still report a change to redetermine your eligibility.", and two buttons: "Choose Plan" and "Report a Change".
- Account Alerts:** Contains a notification with a yellow exclamation mark icon: "Most federal pandemic related Unemployment Insurance Benefits (UIB) ended on 09/04/2021. Please update your pandemic related UIB on the income page to end date this income." Below this, it says: "If you have moved within the last year, please update your address information to ensure you receive important information about your health coverage."
- Tax Forms & Other Important Documents:** Includes three buttons: "View 2022 Federal Tax Form 1095-A", "View Proof of Coverage Forms", and "View all tax forms or notices".

## Secure Mailbox

Consumers may access the documents from their *Secure Mailbox*.

Covered California generates an electronic copy of the notice to the *Secure Mailbox* associated with the consumer's account. To view the notification online, the consumer must log into their Covered California account.

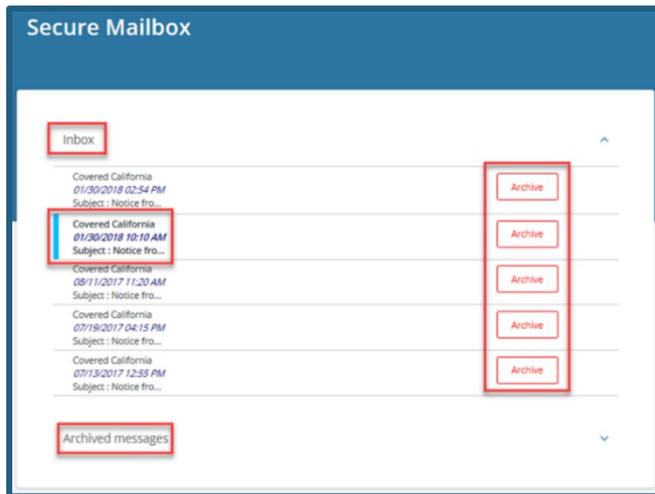
Once the consumer has logged in, click the **Secure Mailbox** link in the header. This navigates the consumer to their Inbox.



- Clicking on the **Subject** link allows the consumer to view, download, and print their **1095-A**.
- If the consumer's account is currently terminated or they did not create an online account, they should call the Covered California Service Center (800-300-1506) for assistance.
- **Please Note:** The *Secure Mailbox* link is not active for Agents or Counselors when viewing a consumer's case.



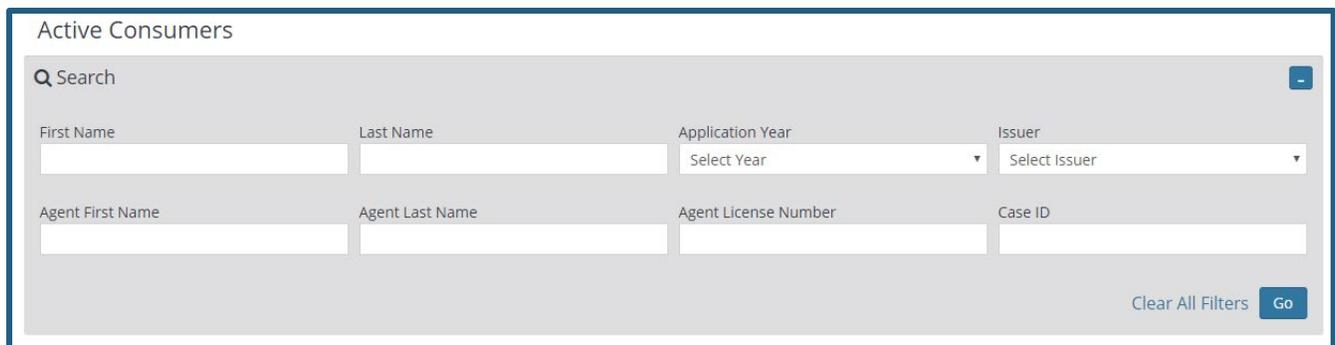
# Accessing a Consumer's Form 1095-A



## Documents and Correspondence

Agents and Counselors have access to the 1095-A form from the *Documents and Correspondence* page.

- To access the documents from the consumer's account, click on the **Delegations** tab and select **Active Consumers** in the Agency or Agent Portal.
- Search for the consumer under the *Active Consumers* to navigate to the consumer's home page.



- Select the **Account** tab under *Actions* to proceed to the *View Individual Account*
- Click on the **Consumer Application** tab to navigate to the Consumer Landing Page.

SELECT	HOUSEHOLD	CASE DETAILS	COVERAGE	AGENT	ACTIONS
<input type="checkbox"/>	A K				
		Redondo Beach CA, 90277			



# Accessing a Consumer's Form 1095-A

- From the consumer home page, click on **Past Applications** located toward the bottom of the page under *Account Information* to navigate to the *Documents and Correspondence* section.

**Account Information** ^  
Manage account access, view application and case history, and update important information.

<p> <b>Account Access</b> Choose who can access and make changes to your case. Authorized Representatives Manage Delegates</p>	<p> <b>History</b> Review past applications and changes to your case. <a href="#">Case History</a> <b>Past Applications</b></p>
<p> <b>Update Case Information</b> Make changes to your case when needed. Consent for Verification Tax Filing Attestation Employer Contact Information</p>	<p> <b>Notices &amp; Documents</b> Read messages, upload documents, and quickly access tax forms. Documents and Correspondence Most Recent Tax Form 1095-A Previous Tax Form 1095-A's Download Blank PDF Application Get Adobe PDF Reader</p>

- Documents and Correspondence* is located under the *Case Summary* section.

**COVERED CALIFORNIA** Calendar Home Help Home Mail User

<b>Case Summary</b> ^	<b>View Submitted App</b>	<b>Eligibility</b>	<b>Enrollment</b>		
<b>Application History</b>	<b>Program Eligibility By Person</b>	<b>Case Transaction History</b>	<b>Documents &amp; Correspondence</b>	<b>Notes</b>	<b>Case Status</b>



# Accessing a Consumer's Form 1095-A

- *Documents and Correspondence* can also be located under *Notices & Documents* on the *Account Information* page

**Account Information**  
Manage account access, view application and case history, and update important information.

- Account Access**  
Choose who can access and make changes to your case.  
Authorized Representatives  
Manage Delegates
- Update Case Information**  
Make changes to your case when needed.  
Consent for Verification  
Tax Filing Attestation
- History**  
Review past applications and changes to your case.  
Case History  
Past Applications
- Notices & Documents**  
Read messages, upload documents, and quickly access tax forms.  
**Documents and Correspondence**  
Download Blank PDF Application  
Get Adobe PDF Reader

- Documents are listed in the order they were generated or uploaded. Clicking the **Select Option** menu will provide options to *View the document as a PDF*.

**Documents and Correspondence**

Mailing Address Status  
 Deliverable  
 Undeliverable  
Save Status Update

Upload Document  
Upload New Document  
Link ECM Document

Preferred Contact Method  
Mail

Transactions Per Page: 25 | Expand All

Search type or notice # [ ] Filters [ ]

DOCUMENT NAME	DOCUMENT CATEGORY	ACTION	DATE
<input type="checkbox"/> 2019 Tax Form (1095-A) - Original		Select Option [ ]	01/06/2020 [ ]



# Accessing a Consumer's Form 1095-A

- The year is appended to the Notice footer as NOD62A\_.



Covered California  
PO BOX 989725  
West Sacramento, CA 95798-9725



**COVERED CALIFORNIA**  
*Your destination for affordable healthcare, including Medi-Cal*

{FIRST\_NAME} {LAST\_NAME}  
{ADDRESS\_LINE1}  
{ADDRESS\_LINE2}  
{CITY}, {STATE\_CD (FK)} {ZIPCODE}

**Your federal tax form for {Tax Year}**

{CURRENT\_DATE} Case: {AHBX\_CASE\_ID}

Dear {FIRST\_NAME} {LAST\_NAME},

**IRS Form 1095-A is on the next page of this letter.** You need this form to file your federal tax return with the Internal Revenue Service (IRS). It will show that one or more members of your household were enrolled in a Covered California health plan in {Tax Year}. It will also show how much premium tax credit you used during the year.

**If you got premium tax credit or want to claim it now, you must:**

- File a federal tax return. You must file even if you do not usually file a federal tax return or have not filed in the past.
- Use your IRS Form 1095-A to fill out IRS Form 8962 for your federal tax return. File IRS Form 8962 with your federal tax return to report the premium tax credit you got each month.

**IMPORTANT: You will get two tax forms this year.**

This letter is about your federal tax form (IRS Form 1095-A).

We will send you Form FTB 3895 in a **separate envelope** before January 31. You will need that form to file your state taxes.

Note: If you are married and live with your spouse, you are required to file taxes as Married Filing Jointly. Certain exceptions apply for special circumstances. If you have questions, talk to your tax preparer.

CaINOD62A\_{Tax\_Year}



PG\_#



# Accessing a Consumer's Form 1095-A

- A consumer may receive a revised form if corrections were made to their 1095-A. The notice explains the consumer is receiving the Form because Covered California has received new information.
- The notice also explains the difference between a CORRECTED form and a VOID form.



Covered California  
PO BOX 989725  
West Sacramento, CA 95798-9725



**COVERED CALIFORNIA**  
*Your destination for affordable healthcare, including Medi-Cal*

{FIRST\_NAME} {LAST\_NAME}  
{ADDRESS\_LINE1}  
{ADDRESS\_LINE2}  
{CITY}, {STATE\_CD (FK)} {ZIPCODE}

**Your updated federal tax form for {Tax Year}**

{CURRENT\_DATE} **Case: {AHBX\_CASE\_ID}**

Dear {FIRST\_NAME} {LAST\_NAME},

Covered California updated your Internal Revenue Service (IRS) Form 1095-A. This is because we got new information. The previous IRS Form 1095-A for this policy is no longer valid. **Your updated federal tax form is at the end of this letter.**

If the "CORRECTED" box is checked at the top of the form  
This means the information on your original IRS Form 1095-A has changed. Here are some things that could have changed:

- Your personal information (such as your address)
- Your health plan information (such as enrolled members or health plan start and end dates)
- Your premium (monthly cost) or premium tax credit amount

If the "VOID" box is checked at the top of the form  
This means changes were made to show that you were never enrolled on this policy.

**What to do next**  
Use your **updated** IRS Form 1095-A to fill out IRS Form 8962. Do **not** use the information on the previous IRS Form 1095-A that you got for this policy. If you already filed your federal tax return for {Tax Year}, you may need to file an amended federal tax return.

**Important: You may also get an updated state Form FTB 3895.**



CalNOD62B\_{Tax\_Year} PG\_#



# Accessing a Consumer's Form 1095-A

- The Form **1095-A** will display under the **CaINOD62** notice.

Form <b>1095-A</b>		<b>Health Insurance Marketplace Statement</b>		<input type="checkbox"/> VOID	OMB No. 1545-2232
Department of the Treasury Internal Revenue Service		▶ Do not attach your tax return. Keep for your records. ▶ Go to <a href="http://www.irs.gov/Form1095A">www.irs.gov/Form1095A</a> for instructions and the latest information.		<input type="checkbox"/> CORRECTED	<b>2019</b>
<b>Part I Recipient Information</b>					
1 Marketplace identifier		2 Marketplace-assigned policy number		3 Policy issuer's name	
4 Recipient's name			5 Recipient's SSN	6 Recipient's date of birth	
7 Recipient's spouse's name			8 Recipient's spouse's SSN	9 Recipient's spouse's date of birth	
10 Policy start date		11 Policy termination date		12 Street address (including apartment no.)	
13 City or town		14 State or province		15 Country and ZIP or foreign postal code	
<b>Part II Covered Individuals</b>					
A. Covered individual name		B. Covered individual SSN	C. Covered individual date of birth	D. Coverage start date	E. Coverage termination date
16					
17					
18					
19					
20					

## Key Data Fields for Form 1095-A

- Part I** - The **1095-A** is prepopulated with recipient and policy information. "Recipient" refers to the Tax Filer or Primary Contact. Only the last four digits of Social Security Numbers of household members will display for security reasons.

Form <b>1095-A</b>		<b>Health Insurance Marketplace Statement</b>		<input type="checkbox"/> VOID	OMB No. 1545-2232
Department of the Treasury Internal Revenue Service		▶ Do not attach your tax return. Keep for your records. ▶ Go to <a href="http://www.irs.gov/Form1095A">www.irs.gov/Form1095A</a> for instructions and the latest information.		<input type="checkbox"/> CORRECTED	<b>2019</b>
<b>Part I Recipient Information</b>					
1 Marketplace identifier		2 Marketplace-assigned policy number		3 Policy issuer's name	
4 Recipient's name			5 Recipient's SSN	6 Recipient's date of birth	
7 Recipient's spouse's name			8 Recipient's spouse's SSN	9 Recipient's spouse's date of birth	
10 Policy start date		11 Policy termination date		12 Street address (including apartment no.)	
13 City or town		14 State or province		15 Country and ZIP or foreign postal code	
Policy Start Date		Policy End Date			



# Accessing a Consumer's Form 1095-A

- **Part II** - The **1095-A** is prepopulated with information regarding members of the coverage household. If there are more than five family members in the coverage household, additional pages will be provided to continue this section.

<b>Part II Covered Individuals</b>				
A. Covered individual name	B. Covered individual SSN	C. Covered individual date of birth	D. Coverage start date	E. Coverage termination date
16 Covered Individuals Name	Covered Individuals SSN	Covered Individuals Date of Birth	Coverage Start Date	Coverage End Date
17				
18				
19				
20				

- **Part III** - The IRS **1095-A** is prepopulated with the Monthly Premium Amount, the Monthly Premium Amount of Second Lowest Cost Silver Plan (SLCSP) and the Monthly Advance Payment of the Premium Tax Credit (APTC), if any, for each month of the coverage year. If the household did not receive APTC for a month, the field will be blank.
  - Consumers should be advised that Covered California has determined the Monthly Premium Amount of SLCSP which applies to the household member's coverage. The SLCSP was used to compute the amount of APTC and the premium tax credit. Keep in mind that the notice is generated regardless if premium assistance was received and that the Form 1095-A is populated with the SLCSP regardless if the household accepted APTC.

<b>Annual Totals of:</b>			
32 December			
33 Annual Totals	Monthly Premium	Monthly SLCSP Premium	Monthly APTC

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions. Cat. No. 60703Q Form **1095-A** (2019)