

Dispute Form 1095-A for Covered California Consumer



- If you need help in Spanish, or would like this form in Spanish, you can call 1-800-300-0213. If you need help in a language other than English or Spanish, please see the final page of this document for language-specific telephone numbers.
- If you would like more information about Form 1095-A, please visit: www.coveredca.com.
- If you would like more information about filing your taxes, please visit: www.irs.gov/aca.
- Free tax advice is also available through Volunteer Income Tax Assistance at 1-800-906-9887 or if you are over 60 years old there is free Tax Counseling for the Elderly at 1-800-906-9887.

Instructions:

You may use this form to dispute the information on the Form 1095-A or request a Form 1095-A if you did not receive one. Based on any corrections you show on this form, Covered California will review and check the new information you report. If, after review, Covered California determines that the updated information you provided is correct, we will send you a new, corrected Form 1095-A. To help with our review, please include any supporting documents with this form. Supporting documents could include invoices from your health plan that show the amount of premium assistance (tax credits or APTC) you received and monthly premium you paid, or Covered California notices that show how much premium assistance you were eligible for.

Do I have to use this form to make all changes to information on my Form 1095-A?

No. If you would like to correct any of the following information on your Form 1095-A, you may do so by calling Covered California's Service Center or contacting your local County Social Services office. You **do not** need to complete this form for the following types of changes.

The information a Service Center Representative or local County Social Services official can change is:

- Your name
- Your date of birth
- Your social security number
- Your address

Why do I need to ensure the information is correct on my Form 1095-A?

Form 1095-A is used to report important information to the Internal Revenue Service (IRS) about your health insurance bought through Covered California. The Form 1095-A also tells you how much premium assistance (tax credits or APTC) your health plan got on your behalf during 2014. If you enrolled in a health plan through Covered California but **did not** receive premium assistance, you will still receive a Form 1095-A from Covered California to show you what months you had health insurance (*this rule does not apply to individuals who purchased Minimum Coverage Plans or health plans through Covered California's Small Business Health Options Program (SHOP)*). All Covered California health plan consumers must use the information on the Form 1095-A to complete IRS Form 8962: Premium Tax Credit. If you disagree with any of the information shown on the Form 1095-A, you must report it to Covered California and you must send a corrected Form 8962 to the IRS if you already filed your taxes.

What is IRS Form 8962?

Form 8962 is a new IRS form that you will use to "reconcile" the premium assistance (tax credit or APTC) amount your health insurance plan got (or how much you may get, if you did not get premium assistance in advance) based on your **estimated** income for 2014 along with the amount that is determined based on your **actual** income for 2014, as reported on your federal tax return. People who received premium assistance will have to "reconcile" the premium amount they got based on their estimated income (this will be listed in their Form 1095-A) with the amount that is determined based on their actual income as reported on their federal tax return. For more information on IRS Form 8962, please visit: www.irs.gov/aca.

When will I receive a corrected Form 1095-A?

If you use this dispute form to correct information on your Form 1095-A, the postmark date on the envelope or the date of a fax will be considered the date of receipt for this form. Covered California will respond to you within 60 days of the date of receipt. If Covered California is able to verify that the changes you report on this form are correct, we will send you a corrected Form 1095-A within 60 days.

NOTE: If you filed your taxes before you received your corrected Form 1095-A from Covered California, you may have to file an amendment to your taxes.

If Covered California can't verify the changes you requested, a Covered California Service Center Representative will call you within 60 days of the date of receipt to tell you that you will not get an updated Form 1095-A. If you do not get a new, corrected Form 1095-A, you must use the original Form 1095-A Covered California sent you to complete Form 8962 and file your tax returns.

NOTE: Medi-Cal recipients, individuals who purchased plans through Covered California's Small Business Health Options Program (SHOP), and Minimum Coverage Plan recipients will **not** get a Form 1095 for tax year 2014.

Please keep a copy of all forms for your records.

RECIPIENT INFORMATION

(The *recipient* is the person whose information on Form 1095-A is being disputed. This section should be filled out by the claimant or by a parent/guardian/authorized representative of the claimant.)

Case ID:			
First Name	Middle Initial	Last Name	Suffix
Date of Birth (mm/dd/yyyy)	Phone Number (with area code)		
Email Address			
Street Address			Apt./Ste. #
City	State	Zip Code	

List the names of other household members who are filing a dispute using this form. Use extra paper if there are more people in your tax household who want to file a Form 1095-A dispute using this form.

Name(s):

Household Member #1:	Household Member #4:
Household Member #2:	Household Member #5:
Household Member #3:	Household Member #6:

Covered California Authorized Representative Form



Assistance with completing this Form 1095-A Dispute Form

Instructions: An “authorized representative” is a person you trust to help you with your Form 1095-A dispute with Covered California to be able to see your personal information, and to act for you on matters related to this form (including getting information about your Form 1095-A or signing your Form 1095-A Dispute Form). If you would like to assign an authorized representative to act on your behalf, fill in the boxes below, sign this document and return it to us. If you ever need to change your authorized representative, contact Covered California. If you would like to assign your authorized representative over the phone, call us at 1-800-300-1506

1. Name of authorized representative			
2. Address		3. Apt./Ste. #	
4. City	5. State	6. ZIP Code	7. County
Phone Number (with area code)			

For certified enrollment counselors, navigators, certified plan-based enrollers and agents only.

Instructions: Complete this section if you are a certified counselor, navigator, or agent filling out this dispute form for somebody else.

<input type="checkbox"/> Certified Enrollment Counselor Name:	CEC number
<input type="checkbox"/> Certified Enrollment Entity Name:	CEE number
<input type="checkbox"/> Certified Insurance Agency Name:	License number
<input type="checkbox"/> Certified Plan-Based Enroller Plan: Name:	Certification number
Certified individual's signature	Date (mm/dd/yyyy)

Permission to share information

I authorize the person/organization above to act on my behalf regarding my Form 1095-A dispute. I authorize Covered California to speak with this person/organization on my behalf.

- ✓ I have completed the “Permission to Share Information” section of this form that authorizes Covered California to speak with the person/organization above.
- ✓ I have signed and dated this form below.
- ✓ I understand that Covered California cannot speak with the person/organization I have appointed above (my authorized representative) until it receives this signed form from me.

Do you want your authorized representative to receive notices on your behalf? → Yes No

By signing, you allow this person to sign your dispute form, get official information about your dispute form, and act for you on all future matters related to this dispute form until the end of the Form 1095-A dispute process.

Your signature	Date (mm/dd/yyyy)
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Where you can send your Form 1095-A Dispute



Mail this form to:
 Covered California
 P.O. Box 989725
 West Sacramento, CA 95798

Fax this form to:
 1-888-329-3700
 (1-888-FAX-3700)

**Call the Service Center for help
 completing this form at:**
 1-800-300-1506
 (TTY 1-888-889-4500)

For help in other languages, call the phone numbers listed below.

العربية	Arabic	800-826-6317
中文	Chinese	800-300-1533
hmoob	Hmong	800-771-2156
한국어	Korean	800-738-9116
русский	Russian	800-778-7695
Tagalog (Filipino)	Tagalog (Filipino)	800-983-8816
հայերէն	Armenian	800-996-1009
فارسی	Farsi	800-921-8879
Khmer	Khmer	800-906-8528
Lao	Lao	800-357-7976
Español	Spanish	800-300-0213
Tiếng Việt	Vietnamese	800-652-9528