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Form **8963**

(Rev. February 2015)

Department of the Treasury
Internal Revenue Service

Report of Health Insurance Provider Information

▶ **Information about Form 8963 and its separate instructions is at *www.irs.gov/form8963*.**

Read the instructions before you complete Form 8963.

OMB Number 1545-2249

Publicly Available Information

Check only one box below (see instructions)

☐ **Corrected report** (see instructions)

Single-person covered entity:

☐ 1 Single-person covered entity

Designated entity:

☐ 2a Agent of an affiliated group

☐ 2b Other

Employer identification number (EIN)	Number of controlled group members included in Schedule A (see instructions)	Reporting year 2015

Entity name

Entity name (continued)

Address (number and street). If you have a P.O. Box, see instructions.

Address (continued)

City, town, or post office (Foreign addresses should complete fields below - see instructions)	State	ZIP code

Foreign country name	Foreign province/state/county	Foreign postal code

PART I Signature of Official Signing on Behalf of the Single-Person Covered Entity or Designated Entity (Agent of an Affiliated Group, or Other Designated Entity) and Consent by the Designated Entity (if applicable)

Under penalties of perjury, I declare that I have examined this report, including accompanying statements, and, to the best of my knowledge and belief, it is true, correct, and complete. I further certify that I am an officer of the single-person covered entity or the designated entity, and that I am duly authorized to sign this report on behalf of that covered entity.

[If you checked box 2a or 2b] I also declare that the above named entity is the agent of an affiliated group or other designated entity (as per the instructions). I understand that the designated entity will receive IRS communications relating to the fee imposed by ACA section 9010 and is to pay this fee to the IRS on behalf of the controlled group. Each person that is a controlled group member at the end of the day on December 31, 2014, is jointly and severally liable for this fee. I further declare that each controlled group member identified on this report consents to the choice of the designated entity indicated on this report. Each person who is a controlled group member at the end of the day on December 31, 2014, and who would qualify as a covered entity in 2015 if it were a single-person covered entity, is jointly and severally liable for any applicable penalty under ACA section 9010. (If the designated entity is selected by the IRS, each controlled group member in this report is deemed to consent to the choice of designated entity.)

Sign Here ▶	Signature of official	Date signed	Business phone number	Business fax number
Do not sign Form 8963 for electronically filed reports.	Printed name of signing official		Title of signing official	

PART II Alternate Contact Person Designee (see instructions)

Do you want to designate an employee to discuss this report with the IRS? . . . . . ☐ Yes ☐ No

Name of designee	Designee phone number
Title of designee	Designee fax number

File the form electronically using e-File or mail Form 8963 to:

Internal Revenue Service
1973 North Rulon White Boulevard
Mail Stop 4916 IPF
Ogden, UT 84404

Send the forms in a flat mailing envelope (not folded). Do not staple, tear, or tape any of these forms. If you are sending a large number of forms in conveniently sized packages, write your name on each package and number the packages consecutively.

United States postal regulations require forms and packages to be sent by First-Class Mail. However, you may use private delivery services such as FedEx and UPS.

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Schedule A Single-person covered entity or controlled group member information

On the first line, list information for the single-person covered entity or designated entity, whichever applies. Next, for a controlled group, separately list information for every person who is a controlled group member at the end of the day on December 31, 2014, and who would qualify as a covered entity in 2015 if it were a single-person covered entity (see instructions).

	(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)	
	Employer identification number (EIN)	Entity name	Address (number & street, city, state, postal (ZIP) code, and country). If you have a P.O. box or a foreign address, see instructions.	NAIC code	NAIC group code	Direct premiums written	MLR rebates	Stand-alone dental or vision direct premiums written	**Net premiums written** Subtract column (g) from column (f) and combine the result with column (h) *[(f) - (g) + (h)]*	Amount in column (i) attributable to 501 (c)(3), (4), (26) or (29) entities: Enter qualifying paragraph and related premiums	
1											
2											X
3											X
4											X
5											X
6											X
7											X
8											X
9											X
10											X
11											X
12											X
13											X
14											X
15											X
16											X
17											X

Add new member — Click on the button to add a new member of the controlled group