

California Health Insurance Marketplace Statement

2023

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			

2023 Instructions for Form FTB 3895

California Health Insurance Marketplace Statement

General Information

Minimum Essential Coverage Individual Mandate – For taxable years beginning on or after January 1, 2020, California law requires residents and their dependents to obtain and maintain minimum essential coverage (MEC), also referred to as qualifying health care coverage. Individuals who fail to maintain qualifying health care coverage for any month during the taxable year will be subject to a penalty unless they qualify for an exemption. For more information, get the following health care forms, instructions, and publications:

- Form FTB 3853, Health Coverage Exemptions and Individual Shared Responsibility Penalty
- Form FTB 3895, California Health Insurance Marketplace Statement
- Pub. 3895B, California Instructions for Filing Federal Forms 1094-B and 1095-B
- Pub. 3895C, California Instructions for Filing Federal Forms 1094-C and 1095-C

Purpose

Form FTB 3895 is used to report certain information to the Franchise Tax Board (FTB) about individuals who enroll in a qualified health plan through the California Health Insurance Marketplace (Marketplace). The term “Marketplace” refers to the California state Marketplace, also known as Covered California.

Who Must File

The Marketplace must file form FTB 3895 to report information on all enrollments in qualified health plans in the individual market through the Marketplace. **Do not** file a form FTB 3895 for a catastrophic health plan or a separate dental policy (called a “stand-alone dental plan” in these instructions).

When to File

File the annual report with the FTB on or before January 31, 2024, for coverage in calendar year 2023.

How to File

Electronic filing. You must submit the information to the FTB electronically. For more information, get FTB File Exchange System – Technical Specifications (3895).

Specific Instructions

Recipient Information

Recipient's name – Enter the name of the person identified at enrollment as the tax filer (the person who is expected to file a tax return, to claim other applicable household members as dependents). If the tax filer cannot be identified from the information provided at enrollment (for example, because no financial assistance was requested), enter the name of the primary applicant for the coverage.

Recipient's SSN – Enter the SSN for the recipient shown on the recipient's name line.

Recipient's date of birth – Enter the recipient's date of birth.

Spouse's name/SSN/date of birth – Enter information about the recipient's spouse, if enrolled under the same policy.

Address/City/State/ZIP code – Enter the recipient's address.

Marketplace identifier – Enter California or abbreviation.

Marketplace-assigned policy number – Enter the number the Marketplace assigned to the policy. Enter the full policy number.

Policy issuer's name – Enter the name of the issuer of the policy.

Policy start date – Enter the date that coverage under the policy started. If the policy was in effect at the start of the year, enter 1/1/2023.

Policy termination date – Enter the date of termination if the policy was terminated during the year. If the policy was in effect at the end of the year, enter 12/31/2023.

Repayment cap may not apply – Not available for the 2023 taxable year.

Part I – Covered Individuals

Enter on line 1 through line 5 and columns (a) through (e) information for each individual covered under the policy, including the recipient and the recipient's spouse, if covered. If an applicable household can be identified, enter in Part I information only for covered individuals whom the tax filer certified at enrollment would be a part of the tax filer's applicable household. Information about individuals enrolled in the same policy as the tax filer's applicable household who are not members of that applicable household, including children, must be reported on a separate form FTB 3895.

For each line, enter a date of birth in column (c) whenever available. If no SSN is provided in column (b), a date of birth must be provided. Enter in column (d) the date the coverage started for the individual. Enter in column (e) the date of termination if the individual's coverage was terminated during the year. If the coverage was in effect at the end of the year, enter 12/31/2023.

If there are more than 5 covered individuals, complete one or more additional forms FTB 3895, Part I.

Part II – Coverage Information

Enter information in Part II, line 6 through line 17, for each month of coverage. This information is determined on a monthly basis and may change during the year if there is a change in enrollment or other circumstances. Total the amounts on line 6 through line 17 and enter on line 18.

Column (a). Enter the total monthly enrollment premiums for the policy in which the covered individuals enrolled. Include only the premiums allocable to essential health benefits. If a covered individual is enrolled in a stand-alone dental plan, include the portion of the premiums for the stand-alone dental plan that is allocable to pediatric dental coverage in the total monthly enrollment premiums. If more than one form FTB 3895 is filed for coverage of the recipient's applicable household for the same months because, for example, an applicable household member enrolled in a separate policy, include the portion of the premium for pediatric dental coverage in the amount in column (a) on only one form FTB 3895. If more than one tax filer is enrolled in a policy, report on each tax filer's form FTB 3895 only those enrollment premiums allocated to that tax filer.

If a policy is terminated by an issuer for nonpayment of premiums, enter -0- for a month in which the covered individuals have coverage but the premiums are not fully paid (generally, the first month of a grace period). Premium amounts are automatically prorated based on the number of days covered per that month.

Column (b). Enter the premiums for the applicable second lowest cost silver plan (SLCSP) that was used as a benchmark to compute monthly advance subsidy payments. If an individual enrolls in coverage and the enrollment is effective on the date of the individual's birth, adoption, placement in foster care, or on the effective date of a court order, the individual should be considered to have enrolled on the first day of the month for purposes of the applicable SLCSP premium reported in column (b). If all covered individuals enroll after the first of the month, and no individual's coverage is effective on the date of the individual's birth, adoption, placement in foster care, or on the effective date of a court order, enter -0- in column (b) for that month. If more than one form FTB 3895 is filed for coverage of a tax filer's applicable household for the same month (for example, because members of the applicable household were split among several policies), enter the SLCSP premium that applies to all the applicable household members who were enrolled in any policy on the first of the month and who were not eligible for other health coverage for that month. Enter this SLCSP premium in column (b) on each form FTB 3895.

In some cases, the information provided at enrollment may not indicate which covered individuals are members of the recipient's applicable household and are not eligible for other health coverage. (Such information may not be provided, for example, because no financial assistance was requested.) If this is the case, and if the Marketplace has provided a tool for determining the applicable SLCSP premium for the year of coverage at the time of filing the tax return, leave column (b) blank. If the Marketplace has not provided a tool for determining the applicable SLCSP premium, enter the premiums for the SLCSP that would apply to all individuals identified in Part I as covered for the month.

If a policy is terminated by an issuer for nonpayment of premiums, enter -0- for a month in which the covered individuals have coverage but the premiums are not paid (generally, the first month of a grace period). However, if an individual enrolled on the first day of a month terminates coverage before the last day of the month, the individual should be considered to have been enrolled for the entire month for purposes of the applicable SLCSPP premium reported in column (b).

Column (c). Not available for the 2023 taxable year.

Void Statements

If a form FTB 3895 was sent for a policy that should not be reported on a form FTB 3895, such as a stand-alone dental plan or a catastrophic health plan, send a duplicate of that form FTB 3895 and check the void box at the top of the form. Provide this information to the FTB as soon as possible after discovering that the statement was sent in error.

Correction to Information Reported

Report corrected information on the form FTB 3895 to the FTB as soon as possible after discovering that information reported is incorrect. Check the corrected box on the top of the form.

Franchise Tax Board Privacy Notice on Collection

Our privacy notice can be found in annual tax booklets or online. Go to ftb.ca.gov/privacy to learn about our privacy policy statement, or go to ftb.ca.gov/forms and search for **1131** to locate FTB 1131 EN-SP, Franchise Tax Board Privacy Notice on Collection - Aviso de Privacidad del Franchise Tax Board sobre la Recaudación. To request this notice by mail, call 800.338.0505 and enter form code **948** when instructed.