



Form MA 1099-HC Individual Mandate Massachusetts Health Care Coverage

2020

**Massachusetts
Department of
Revenue**

1. Name of insurance company or administrator UnitedHealth Group	2. FID number of insurance co. or administrator 960000161
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3. Name of subscriber Samba Chaitanya Palepu	4. Date of birth 07/11/1991	5. Subscriber number 906315015
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6. Street address 10 Faxon Ave, Apt 916	7. City/Town Quincy	8. State MA	9. Zip 02169
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Full-year minimum creditable coverage? If No, check months with minimum creditable coverage: Corrected:

Yes No Jan. Feb. Mar. Apr. May June July Aug. Sept. Oct. Nov. Dec.

a. Name of dependent	Date of birth	Subscriber number
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Full-year minimum creditable coverage? If No, check months with minimum creditable coverage: Corrected:

Yes No Jan. Feb. Mar. Apr. May June July Aug. Sept. Oct. Nov. Dec.

b. Name of dependent	Date of birth	Subscriber number
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Full-year minimum creditable coverage? If No, check months with minimum creditable coverage: Corrected:

Yes No Jan. Feb. Mar. Apr. May June July Aug. Sept. Oct. Nov. Dec.

c. Name of dependent	Date of birth	Subscriber number
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Full-year minimum creditable coverage? If No, check months with minimum creditable coverage: Corrected:

Yes No Jan. Feb. Mar. Apr. May June July Aug. Sept. Oct. Nov. Dec.

d. Name of dependent	Date of birth	Subscriber number
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Full-year minimum creditable coverage? If No, check months with minimum creditable coverage: Corrected:

Yes No Jan. Feb. Mar. Apr. May June July Aug. Sept. Oct. Nov. Dec.