



**BlueCross BlueShield of Illinois**  
 P.O. Box 7344  
 Chicago, IL 60680-7344

\*\*\*\*\*SCH 5-DIGIT 02143  
 11370 1 AV 0.389 21  
 ASHWANI AGARWAL  
 25 AUBURN AVENUE  
 2  
 SOMERVILLE MA 02145-4005



**Form MA 1099-HC Individual Mandate-Massachusetts Health Care Coverage**

1. Name of insurance company or administrator 2. FID number of insurance co. or administrator

**BLUE CROSS AND BLUE SHIELD OF IL** **361236610**

3. Name of subscriber 4. Date of birth 5. Subscriber number

**ASHWANI AGARWAL** **1993-07-20** **000828083265**

6. Street address 7. City/Town 8. State 9. Zip

**25 AUBURN AVENUE** **SOMERVILLE** **MA** **021454005**

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

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

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

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

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.

e. Name of dependent Date of birth Subscriber number

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.

f. Name of dependent Date of birth Subscriber number

Full-year minimum creditable coverage? If No, check months with creditable coverage: Corrected:

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