



2020

Massach
Departm
Revenu

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

Capgemini America, Inc.

222575929

3 Name of subscriber

4 Date of birth

5 Subscriber number

KASIVISWANADH CHAVA

11/08/1984

00000000435650001

6 Street address

7 City/Town

8 State

9 Zip

7 BEVERLY COMMONS DR #28

BEVERLY

MA

01915

Full Year Coverage?

If No, check months covered:

Yes No Jan. Feb. Mar. Apr. May. Jun. Jul. Aug. Sep. Oct. Nov. Dec.

a Name of dependent

Date of birth

Subscriber number

ARUNA CHAVA

01/10/1990

00000000435650002

Full Year Coverage?

If No, check months covered:

Yes No Jan. Feb. Mar. Apr. May. Jun. Jul. Aug. Sep. Oct. Nov. Dec.

b Name of dependent

Date of birth

Subscriber number

DHANVITHA LOUKY CHAVA

06/13/2012

00000000435650003

Full Year Coverage?

If No, check months covered:

Yes No Jan. Feb. Mar. Apr. May. Jun. Jul. Aug. Sep. Oct. Nov. Dec.

c Name of dependent

Date of birth

Subscriber number

LOHITH CHAVA

09/30/2015

00000000435650004

Full Year Coverage?

If No, check months covered:

Yes No Jan. Feb. Mar. Apr. May. Jun. Jul. Aug. Sep. Oct. Nov. Dec.

Massachusetts

Department of

Education

Corrected:

Corrected:

Corrected:

Corrected: