2020 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 Blue Shield of Massachusetts	04-1045815

3 Name of subscriber	4 Date of birth	5 Subscriber number
VENKATA RAGHAVE SRIKAKULA	05-31-1990	9610057510000

6 Street address	7 City/Town	8 State	9 Zip
252 KENNEDY DR APT 105	MALDEN	MA	02148

Full-year minimum creditable coverage? ☒ Yes ☐ No
If No, check months with minimum creditable coverage: ☐ Jan. ☐ Feb. ☐ Mar. ☐ Apr. ☐ May ☐ June ☐ July ☐ Aug. ☐ Sept. ☐ Oct. ☐ Nov. ☐ Dec.
Corrected:

a. Name of dependent	Date of birth	Subscriber number
LAKSHMI DEEPTHI THOTA	05-28-1992	9610057510001

Full-year minimum creditable coverage? ☒ Yes ☐ No
If No, check months with minimum creditable coverage: ☐ Jan. ☐ Feb. ☐ Mar. ☐ Apr. ☐ May ☐ June ☐ July ☐ Aug. ☐ Sept. ☐ Oct. ☐ Nov. ☐ Dec.
Corrected:

b. Name of dependent	Date of birth	Subscriber number

Full-year minimum creditable coverage? ☐ Yes ☐ No
If No, check months with minimum creditable coverage: ☐ Jan. ☐ Feb. ☐ Mar. ☐ Apr. ☐ May ☐ June ☐ July ☐ Aug. ☐ Sept. ☐ Oct. ☐ Nov. ☐ Dec.
Corrected:

c. Name of dependent	Date of birth	Subscriber number

Full-year minimum creditable coverage? ☐ Yes ☐ No
If No, check months with minimum creditable coverage: ☐ Jan. ☐ Feb. ☐ Mar. ☐ Apr. ☐ May ☐ June ☐ July ☐ Aug. ☐ Sept. ☐ Oct. ☐ Nov. ☐ Dec.
Corrected:

d. Name of dependent	Date of birth	Subscriber number

Full-year minimum creditable coverage? ☐ Yes ☐ No
If No, check months with minimum creditable coverage: ☐ Jan. ☐ Feb. ☐ Mar. ☐ Apr. ☐ May ☐ June ☐ July ☐ Aug. ☐ Sept. ☐ Oct. ☐ Nov. ☐ Dec.
Corrected:

e. Name of dependent	Date of birth	Subscriber number

Full-year minimum creditable coverage? ☐ Yes ☐ No
If No, check months with minimum creditable coverage: ☐ Jan. ☐ Feb. ☐ Mar. ☐ Apr. ☐ May ☐ June ☐ July ☐ Aug. ☐ Sept. ☐ Oct. ☐ Nov. ☐ Dec.
Corrected:

f. Name of dependent	Date of birth	Subscriber number

Full-year minimum creditable coverage? ☐ Yes ☐ No
If No, check months with minimum creditable coverage: ☐ Jan. ☐ Feb. ☐ Mar. ☐ Apr. ☐ May ☐ June ☐ July ☐ Aug. ☐ Sept. ☐ Oct. ☐ Nov. ☐ Dec.
Corrected:

g. Name of dependent	Date of birth	Subscriber number

Full-year minimum creditable coverage? ☐ Yes ☐ No
If No, check months with minimum creditable coverage: ☐ Jan. ☐ Feb. ☐ Mar. ☐ Apr. ☐ May ☐ June ☐ July ☐ Aug. ☐ Sept. ☐ Oct. ☐ Nov. ☐ Dec.
Corrected:

h. Name of dependent	Date of birth	Subscriber number

Full-year minimum creditable coverage? ☐ Yes ☐ No
If No, check months with minimum creditable coverage: ☐ Jan. ☐ Feb. ☐ Mar. ☐ Apr. ☐ May ☐ June ☐ July ☐ Aug. ☐ Sept. ☐ Oct. ☐ Nov. ☐ Dec.
Corrected: