2020 Form MA 10	099-H	C Indi	vidual l	Manda	ite —	Massac	husetts	Health	Care	Covera	age			
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 252 KENNEDY DR APT 105 MALDE										8 State MA	9 Zip 02148			
Full-year minimum creditable co	overage?	If No, check	months with	n minimum		_	July	Aug.	Sept.	Oct.	Nov.	Dec.	Corrected:	
a. Name of dependent Date of bit LAKSHMI DEEPTHI THOTA 05-28-1							Subscriber number 9610057510001							
Full-year minimum creditable co	overage?	If No, check	months with	n minimum Apr.		-	July	Aug.	Sept.	Oct.	Nov.	Dec.	Corrected:	
b. Name of dependent Date of birth						Subscriber number								
Full-year minimum creditable co	overage?	If No, check	months with	n minimum Apr.	-	-	☐ July	Aug.	Sept.	Oct.	Nov.	Dec.	Corrected:	
c. Name of dependent Date of birth							Subscribe	r number				- Company Branch		
Full-year minimum creditable co	overage?	If No, check	months with	n minimum Apr.	creditable		July	Aug.	Sept.	Oct.	Nov.	Dec.	Corrected:	
d. Name of dependent			Date of birth		Subscriber number									
Full-year minimum creditable co	verage?	If No, check	months with	n minimum Apr.	creditable	-	☐ July	Aug.	Sept.	Oct.	Nov.	Dec.	Corrected:	
e. Name of dependent Date of birth						Subscriber number						ri en distribus man arisa asaraya karin		
Full-year minimum creditable co	verage?	If No, check	months with	n minimum Apr.	creditable	-	☐ July	Aug.	Sept.	Oct.	∏Nov.	Dec.	Corrected:	
f. Name of dependent Date of birth						Subscriber number								
Full-year minimum creditable co	verage?	If No, check	months with	minimum Apr.	creditable	_	☐ July	Aug.	Sept.	Oct.	Nov.	Dec.	Corrected:	
g. Name of dependent	lame of dependent			Date o	Date of birth		r number							
Full-year minimum creditable co	verage?	lf No, check i ∏Feb.	months with	minimum Apr.	creditable [] May	m	July	Aug.	Sept.	Oct.	Nov.	Dec.	Corrected:	
h. Name of dependent	lame of dependent Date of birth				of birth	Subscriber number								
Full-year minimum creditable co	verage?	lf No, check i ∏Feb.	months with	minimum Apr.	creditable	m	July	Aug.	Sept.	Oct.	∏ Nov.	Dec.	Corrected:	