AETNA LIFE INSURANCE COMPANY
PO Box 981206
El Paso, TX 79998

Please contact the number on your Medical ID card for any question regarding your MA 1099 HC Form.

5645441 TE#438578_8075_24299 1 of 4

ASHA LATHA SURAMPALLI
7 WOODBINE RD
APT 2
NATICK, MA 01760

aetna™

151 Farmington Ave.
Hartford, CT 06156-3201

Important Information for Massachusetts Income Tax Filing

Your **Massachusetts form 1099-HC** is on the back of this letter. We have sent this form to you because information we have in our systems for your health coverage indicates that either you or one of your covered dependents is a resident of Massachusetts. So, you or your dependent may need the information from the 1099-HC for Massachusetts personal income tax purposes.

As a result of the Massachusetts' health care law, Massachusetts residents age 18 and over are required to have health insurance. The information on the back of this letter will be useful to you or your dependent if you or dependent, need to complete Schedule HC for Massachusetts personal income tax.

You are receiving this one form 1099-HC for your entire family. The form 1099-HC does not need to be attached to the Massachusetts personal income tax return. You or your dependent will need the information from the form on the back of this letter to complete Schedule HC for Massachusetts personal income tax. For 2020 tax filing year, the boxes shown "full-year coverage or months covered" on the form 1099-HC are of particular importance. The box labeled as "full-year coverage" represents 12 months of coverage during 2020. The boxes labeled "months covered" represents the calendar months with coverage. Per the Massachusetts Department of Revenue, a calendar month with coverage of 15 days or more is considered a full month and those boxes would be marked. A calendar month with 14 days or less is considered not to have coverage. The 1099-HC is intended to report your coverage for the previous tax filing year.

If the information shown on the form 1099-HC on the back of this letter is incorrect, please call the Aetna Member Services telephone number shown on your ID Card.

Please consult your tax advisor or the Massachusetts Department of Revenue if you have questions concerning the implications of this information on your Massachusetts personal income tax. Additional information is available on Massachusetts Department of Revenue website, located at: **http:www.mass.gov/dor.**

Sincerely,

Aetna

0HB604 1.000

Form MA 1099-HC
Individual Mandate
Massachusetts Health Care Coverage

2020
Massachusetts
Department of
Revenue

Tracking #: 659619T3

1 Name of insurance company or administrator: AETNA
2 FID number of insurance co. or administrator: 06-6033492
3 Name of subscriber: ASHA LATHA SURAMPALLI
4 Date of birth: 06/12/1986
5 Subscriber number: 195842647
6 Street address: 7 WOODBINE RD
7 City/Town: NATICK
8 State: MA
9 Zip: 01760

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

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

a. Name of dependent: VENKATA RA BANDI
Date of birth: 08/04/1982
Subscriber number: 253114761

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

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

b. Name of dependent: TEJASHREE BANDI
Date of birth: 06/13/2011
Subscriber number: 244822687

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

[X] 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 minimum creditable coverage: Corrected:

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

g. 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.

h. 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.