



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

GANESH SASANE
1025 HANCOCK ST
UNIT-11F
QUINCY MA 021692118

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 TX 361236610

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

GANESH SASANE 1979-09-22 000828845807

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

1025 HANCOCK ST QUINCY MA 021692118

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

SWARA SASANE 2012-10-08 000828845807

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.