



ALLIED

Allied Benefit Systems LLC
200 W Adams St Ste 500
Chicago IL 60606-5215

2020/09/01
01:14:54



Forwarding Service Requested

16267 1 AV D. 398
VENKATA SATYA K PEDDI
APT 303
999 SOUTHERN ARTERY
QUINCY MA 02169-8405



Form MA 1099-HC
Individual Mandate
Massachusetts Health Care Coverage

2020
Massachusetts
Department of
Revenue

Customer Service

For questions please contact customer service at 800-258-2078

1. Name of Insurance Company or Administrator
ALLIED BENEFIT SYSTEMS, INC.

2. FID Number of Insurance Co. or Administrator
363086057

3. Name of Subscriber
VENKATA SATYA K PEDDI

4. Date of Birth
07/12/1979

6. Street Address
999 SOUTHERN ARTERY

7. City/Town
QUINCY

5. Subscriber Number
0058497e-L141294

8. State
MA

9. Zip
02169

Name of Subscriber

Date of Birth

Subscriber Number

Coverage Effective Date

Coverage Through Date

Corrected

VENKATA SATYA K PEDDI

Name of Dependent

Date of Birth

Subscriber Number

Coverage Effective Date

Coverage Through Date

Corrected

AMULYA AKKIRAJU

Name of Dependent

Date of Birth

Subscriber Number

Coverage Effective Date

Coverage Through Date

Corrected

KARTHIKA PEDDI

Name of Dependent

Date of Birth

Subscriber Number

Coverage Effective Date

Coverage Through Date

Corrected

VIHAS PEDDI

Date of Birth

Subscriber Number

Coverage Effective Date

Coverage Through Date

Corrected