



Form MA 1099-HC
Individual Mandate
Massachusetts Health Care Coverage

2020
Massachusetts
Department of
Revenue

| | | | |
|---|--|---|---|
| 1 Name of insurance company or administrator UnitedHealth Group | | 2 FID number of insurance co. or administrator 960000161 | |
| 3 Name of subscriber AJAI SINGH | | 4 Date of birth 28JUL1964 | 5 Subscriber number 09311352071783618655 |
| 6 Street address 24 VINE AVENUE | | 7 City/Town QUINCY | 8 State MA |
| | | 9 Zip 021690000 | |
| Full-year minimum creditable coverage? If No, check months with minimum creditable coverage: Corrected: | | | |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Jan. <input type="checkbox"/> Feb. <input type="checkbox"/> Mar. <input type="checkbox"/> Apr. <input type="checkbox"/> May <input type="checkbox"/> June <input type="checkbox"/> July <input checked="" type="checkbox"/> Aug. <input checked="" type="checkbox"/> Sept. <input checked="" type="checkbox"/> Oct. <input checked="" type="checkbox"/> Nov. <input checked="" type="checkbox"/> Dec. N | | | |
| a. Name of dependent RAJ RANI SINGH | | Date of birth 05JUN1966 | Subscriber number 09311352071783618655 |
| Full-year minimum creditable coverage? If No, check months with minimum creditable coverage: Corrected: | | | |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Jan. <input type="checkbox"/> Feb. <input type="checkbox"/> Mar. <input type="checkbox"/> Apr. <input type="checkbox"/> May <input type="checkbox"/> June <input type="checkbox"/> July <input checked="" type="checkbox"/> Aug. <input checked="" type="checkbox"/> Sept. <input checked="" type="checkbox"/> Oct. <input checked="" type="checkbox"/> Nov. <input checked="" type="checkbox"/> Dec. N | | | |
| b. Name of dependent | | Date of birth | Subscriber number |
| Full-year minimum creditable coverage? If No, check months with minimum creditable coverage: Corrected: | | | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Jan. <input type="checkbox"/> Feb. <input type="checkbox"/> Mar. <input type="checkbox"/> Apr. <input type="checkbox"/> May <input type="checkbox"/> June <input type="checkbox"/> July <input type="checkbox"/> Aug. <input type="checkbox"/> Sept. <input type="checkbox"/> Oct. <input type="checkbox"/> Nov. <input type="checkbox"/> Dec. | | | |
| c. Name of dependent | | Date of birth | Subscriber number |
| Full-year minimum creditable coverage? If No, check months with minimum creditable coverage: Corrected: | | | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Jan. <input type="checkbox"/> Feb. <input type="checkbox"/> Mar. <input type="checkbox"/> Apr. <input type="checkbox"/> May <input type="checkbox"/> June <input type="checkbox"/> July <input type="checkbox"/> Aug. <input type="checkbox"/> Sept. <input type="checkbox"/> Oct. <input type="checkbox"/> Nov. <input type="checkbox"/> Dec. | | | |
| d. Name of dependent | | Date of birth | Subscriber number |
| Full-year minimum creditable coverage? If No, check months with minimum creditable coverage: Corrected: | | | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Jan. <input type="checkbox"/> Feb. <input type="checkbox"/> Mar. <input type="checkbox"/> Apr. <input type="checkbox"/> May <input type="checkbox"/> June <input type="checkbox"/> July <input type="checkbox"/> Aug. <input type="checkbox"/> Sept. <input type="checkbox"/> Oct. <input type="checkbox"/> Nov. <input type="checkbox"/> Dec. | | | |
| e. Name of dependent | | Date of birth | Subscriber number |
| Full-year minimum creditable coverage? If No, check months with minimum creditable coverage: Corrected: | | | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Jan. <input type="checkbox"/> Feb. <input type="checkbox"/> Mar. <input type="checkbox"/> Apr. <input type="checkbox"/> May <input type="checkbox"/> June <input type="checkbox"/> July <input type="checkbox"/> Aug. <input type="checkbox"/> Sept. <input type="checkbox"/> Oct. <input type="checkbox"/> Nov. <input type="checkbox"/> Dec. | | | |
| f. Name of dependent | | Date of birth | Subscriber number |
| Full-year minimum creditable coverage? If No, check months with minimum creditable coverage: Corrected: | | | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Jan. <input type="checkbox"/> Feb. <input type="checkbox"/> Mar. <input type="checkbox"/> Apr. <input type="checkbox"/> May <input type="checkbox"/> June <input type="checkbox"/> July <input type="checkbox"/> Aug. <input type="checkbox"/> Sept. <input type="checkbox"/> Oct. <input type="checkbox"/> Nov. <input type="checkbox"/> Dec. | | | |
| g. Name of dependent | | Date of birth | Subscriber number |
| Full-year minimum creditable coverage? If No, check months with minimum creditable coverage: Corrected: | | | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Jan. <input type="checkbox"/> Feb. <input type="checkbox"/> Mar. <input type="checkbox"/> Apr. <input type="checkbox"/> May <input type="checkbox"/> June <input type="checkbox"/> July <input type="checkbox"/> Aug. <input type="checkbox"/> Sept. <input type="checkbox"/> Oct. <input type="checkbox"/> Nov. <input type="checkbox"/> Dec. | | | |
| h. Name of dependent | | Date of birth | Subscriber number |
| Full-year minimum creditable coverage? If No, check months with minimum creditable coverage: Corrected: | | | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Jan. <input type="checkbox"/> Feb. <input type="checkbox"/> Mar. <input type="checkbox"/> Apr. <input type="checkbox"/> May <input type="checkbox"/> June <input type="checkbox"/> July <input type="checkbox"/> Aug. <input type="checkbox"/> Sept. <input type="checkbox"/> Oct. <input type="checkbox"/> Nov. <input type="checkbox"/> Dec. | | | |