021MC1099R0059007-19761-02

Form MA 1099-HC
Individual Mandate
Massachusetts Health Care Coverage

2020
Massachusetts Department of Revenue

1 Name of insurance company or administrator	2 FID number of insurance co. or administrator
UnitedHealth Group	960000161

3 Name of subscriber	4 Date of birth	5 Subscriber number
AJAI SINGH	28JUL1964	00567620100567620100

6 Street address	7 City/Town	8 State	9 Zip
24 VINE AVE	QUINCY	MA	021695617

Full-year minimum creditable coverage? If No, check months with minimum creditable coverage: Corrected:
[ ] Yes [N] No [X] Jan. [X] Feb. [X] Mar. [X] Apr. [X] May [X] June [X] July [ ] Aug. [ ] Sept. [ ] Oct. [ ] Nov. [ ] Dec. N

a. Name of dependent	Date of birth	Subscriber number
RAJRANI SINGH	05JUN1966	00567620100567620100

Full-year minimum creditable coverage? If No, check months with minimum creditable coverage: Corrected:
[ ] Yes [N] No [X] Jan. [X] Feb. [X] Mar. [X] Apr. [X] May [X] June [X] July [ ] Aug. [ ] Sept. [ ] Oct. [ ] Nov. [ ] 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:
[ ] 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.