



MA1099HC  
PO Box 740800  
Atlanta, GA 30374

DPSS\$SPKG  
PRAMOD SINGH  
36 ROYAL CREST DR APT 6  
MARLBOROUGH MA 01752-2435



January 12, 2022

Dear UnitedHealthcare Member,

As part of the 2006 Massachusetts Health Care Reform Bill, as of 2010, all Massachusetts residents 18 years and older are required to be covered by a Minimum Creditable Coverage (MCC) health insurance plan. This legislation is part of a larger Massachusetts plan to reduce the number of people without health insurance and improve the cost and quality of health care.

The attached Form MA 1099-HC indicates whether or not the plan you were enrolled in was Minimum Creditable Coverage (MCC) compliant and what months you were covered. The tax document will list you, your spouse and any dependent over the age of 17. You may receive more than one Form MA 1099-HC if you were covered by other carriers or changed your name due to marriage. Failure to provide the Form MA 1099-HC could result in a penalty assessed by the Massachusetts Department of Revenue.

The attached Form MA 1099-HC confirms you and your dependents, if applicable, were covered under a 2021 medical plan by one of the organizations listed below:

Harvard Pilgrim	UnitedHealthcare
Health Plan of Nevada	UnitedHealthcare-East
River Valley/John Deere	UnitedHealthcare-West
Sierra Health and Life	All Savers® Alternate Funding
Tufts Freedom Health Insurance Company	

Please review the attached Form MA 1099-HC and verify the information is correct.

- If the information is correct, please keep this document with your 2021 tax documentation.

- **If the information on this form is incorrect, you must give the correct information to the employer who provides your medical plan benefits.** The employer will notify UnitedHealthcare and we will issue a corrected Form MA 1099-HC. This process may take 30-45 days.
- **If your MA 1099-HC document indicates that you were NOT covered under a MCC compliant plan, please contact your employer to discuss.** A non-MCC compliant plan does not mean you were not insured, it means that you were not covered on a plan that met the requirements set by Massachusetts Department of Revenue.

For more information on this Massachusetts legislation, please visit [www.mass.gov](http://www.mass.gov) and enter Minimum Creditable Coverage in the search feature.

If you have other questions about the Form MA 1099-HC or want to confirm changes were made to your records, please call the member phone number listed on the back of your health plan ID card.

Thank you,

UnitedHealthcare



Form MA 1099-HC  
Individual Mandate  
Massachusetts Health Care Coverage

2021  
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  
PRAMOD SINGH

4 Date of birth  
31JAN1989

5 Subscriber number  
09389702181837189340

6 Street address  
36 ROYAL CREST DRIVE APARTMENT 6

7 City/Town  
MARLBOROUGH

8 State  
MA

9 Zip  
017520000

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. N

a. Name of dependent  
JUHI CHAUDHRY

Date of birth  
21MAR1991

Subscriber number  
09389702181837189340

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. 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.