

Form MA 1099-HC
Individual Mandate
Massachusetts Health Care Coverage

2021
Massachusetts
Department of
Revenue

Tracking #: 3375241T2

1 Name of insurance company or administrator

2 FID number of insurance co. or administrator

Tufts Associated Health Maintenance

04-2674079

3 Name of subscriber

4 Date of birth

5 Subscriber number

SAILEKHA ANTHAM

05/17/1996

991801669

6 Street address

7 City/Town

8 State

9 Zip

2776 PINE CONE LANE

WARSAW

IN

465820000

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

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 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.