



Form MA 1099-HC Individual Mandate Massachusetts Health Care Coverage

2021
Massachusetts
Department of
Revenue

1. Name of insurance company or administrator Harvard Pilgrim Health Care, Inc.		2. FID number of insurance co. or administrator 042452600	
3. Name of subscriber BHASKER R. JAKKULA	4. Date of birth 1984-02-05	5. Subscriber number HP595862100	
6. Street address 127 DEAN AVENUE APT 5206	7. City/Town FRANKLIN	8. State MA	9. Zip 02038
Full-year minimum creditable coverage? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If No, check months with minimum creditable coverage: <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 checked="" type="checkbox"/> Nov. <input checked="" type="checkbox"/> Dec. Corrected:	
a. Name of dependent SATYAVANI CHINNAMANENI	Date of birth 1979-06-08	Subscriber number HP595862101	
Full-year minimum creditable coverage? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If No, check months with minimum creditable coverage: <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 checked="" type="checkbox"/> Nov. <input checked="" type="checkbox"/> Dec. Corrected:	
b. Name of dependent VIHAAN JAKKULA	Date of birth 2020-02-19	Subscriber number HP595862102	
Full-year minimum creditable coverage? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If No, check months with minimum creditable coverage: <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 checked="" type="checkbox"/> Nov. <input checked="" type="checkbox"/> Dec. Corrected:	