



2021

Form MA 1099-HC  
Individual Mandate  
Massachusetts Health Care Coverage

Massachusetts  
Department of  
Revenue

1 Name of insurance company or administrator  
Capgemini America, Inc.

2 FID number of insurance co. or administrator  
222575929

3 Name of subscriber  
PRADHEEP KUMAR GURRAM

4 Date of birth  
05/21/1982

5 Subscriber number  
0000000554814801

6 Street address  
37 ROYAL CREST DR #7

7 City/Town  
MARLBOROUGH

8 State  
MA

9 Zip  
01752

Full Year Coverage?  Yes  No  
If No, check months covered:  
 Jan.  Feb.  Mar.  Apr.  May.  Jun.  Jul.  Aug.  Sep.  Oct.  Nov.  Dec. Corrected:

a Name of dependent  
PRATHYUSHA BATTA

Date of birth  
07/25/1992

Subscriber number  
0000000554814802

Full Year Coverage?  Yes  No  
If No, check months covered:  
 Jan.  Feb.  Mar.  Apr.  May.  Jun.  Jul.  Aug.  Sep.  Oct.  Nov.  Dec. Corrected:

b Name of dependent  
MAYANSHI GURRAM

Date of birth  
03/06/2015

Subscriber number  
0000000554814803

Full Year Coverage?  Yes  No  
If No, check months covered:  
 Jan.  Feb.  Mar.  Apr.  May.  Jun.  Jul.  Aug.  Sep.  Oct.  Nov.  Dec. Corrected:

c Name of dependent  
HAYSHA GURRAM

Date of birth  
06/22/2020

Subscriber number  
0000000554814804

Full Year Coverage?  Yes  No  
If No, check months covered:  
 Jan.  Feb.  Mar.  Apr.  May.  Jun.  Jul.  Aug.  Sep.  Oct.  Nov.  Dec. Corrected: