



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 96000	number of insurance co. 0161	or administrator	
3 Name of subscriber HARIKRISHNA MUSUNURU	4 Date of birth 06AUG1980	5 Subscriber number 0051888534194391315	9	
	ty/Town NCY	8 State MA	9 Zip 021690000	
Full-year minimum creditable coverage? If No, check months v Y Yes No Jan. Feb. Mar. Apr. May	vith minimum creditable co	overage: Sept. Oct. Nov.	Corrected:	
a. Name of dependent AVANTHI MUSUNURU	Date of birth 22DEC1986	Subscriber number 0051888534194391315	9	
Full-year minimum creditable coverage? If No, check months v Y Yes No Jan. Feb. Mar. Apr. May	vith minimum creditable co June July Aug.	overage: Sept. Oct. Nov.	Corrected:	
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 we have a second or second	vith minimum creditable co	overage: Sept. Oct. Nov.	Corrected:	
d. Name of dependent	Date of birth	Subscriber number		
Full-year minimum creditable coverage? If No, check months we have a second or second	vith minimum creditable co	overage: Sept. Oct. Nov.	Corrected:	
e. Name of dependent	B i dilii			
e. Name of dependent	Date of birth	Subscriber number		
Full-year minimum creditable coverage? If No, check months was a No Jan. Feb. Mar. Apr. May			Corrected:	
Full-year minimum creditable coverage? If No, check months v	vith minimum creditable co	overage:		
Full-year minimum creditable coverage? If No, check months we have a second or second	vith minimum creditable co	overage: Sept. Oct. Nov. Subscriber number	Dec. Corrected:	
Full-year minimum creditable coverage? If No, check months we have a superior of the superior	vith minimum creditable co	overage: Sept. Oct. Nov. Subscriber number overage:	Dec. Corrected:	
Full-year minimum creditable coverage? If No, check months we have a superior of the coverage?	vith minimum creditable co June July Aug. Date of birth vith minimum creditable co June July Aug. Date of birth	Subscriber number Subscriber number Oct. Nov. Subscriber number Subscriber number	Corrected: Corrected:	
Full-year minimum creditable coverage? If No, check months with the second seco	vith minimum creditable or June July Aug. Date of birth vith minimum creditable or June July Aug. Date of birth	Subscriber number Subscriber number Diverage: Sept. Oct. Nov. Subscriber number	Corrected: Corrected:	