

 Wellfleet Group LLC.
PO BOX 15369
WELLFLEET Springfield MA 01115



[-AC]

Forwarding Service Requested

JAYESH VIJAY PATIL
621 PARKER ST
BOSTON MA 02120

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**Form MA 1099-HC
Individual Mandate
Massachusetts Health Care Coverage**

**2021
Massachusetts
Department of
Revenue**

| | | | | | |
|---|-------------------|---|--|------------------------|--------------------------|
| 1. Name of Insurance Company or Administrator Wellfleet Insurance Company | | 2. FID Number of Insurance Co. or Administrator 043187843 | | | |
| 3. Name of Subscriber JAYESH VIJAY PATIL | | 4. Date of Birth 09/05/1995 | 5. Subscriber Number 281797000 | | |
| 6. Street Address 621 PARKER ST | | 7. City/Town BOSTON | 8. State MA | 9. Zip 02120 | |
| Name of Subscriber | Date of Birth | Subscriber Number | Coverage Effective Date | Coverage Through Date | Corrected |
| JAYESH VIJAY PATIL | 09/05/1995 | 281797000 | 01/01/2021 | 03/15/2021 | <input type="checkbox"/> |