

Anthem, Inc.
1155 Elm Street
Suite 200
Manchester, NH 03101

**Important
Tax
Document**

Return Service Requested



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JITENDRA SHRIVASTAVA
346 TURNPIKE RD UNIT 1313
WESTBOROUGH MA 01581-2895

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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 Anthem Blue Cross (CA) **2. FID number of insurance co. or administrator** 954331852

3. Name of subscriber JITENDRA SHRIVASTAVA **4. Date of birth** 1983-10-09 **5. Subscriber number** 432W0797610

6. Street address 346 TURNPIKE RD UNIT 1313 **7. City/Town** WESTBOROUGH **8. State** MA **9. Zip** 01581

Full-year minimum creditable coverage? If No, check months with minimum creditable coverage: Corrected:

Yes No Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec

Name of dependent MAYRA SHRIVASTAVA **Date of birth** 2021-04-12 **Subscriber number** 432W0797671

Full-year minimum creditable coverage? If No, check months with minimum creditable coverage: Corrected:

Yes No Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec

Name of dependent MISHKA SHRIVASTAVA **Date of birth** 2014-12-28 **Subscriber number** 432W0797670

Full-year minimum creditable coverage? If No, check months with minimum creditable coverage: Corrected:

Yes No Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec

Name of dependent POORVA SHRIVASTAVA **Date of birth** 1988-10-04 **Subscriber number** 432W0797640

Full-year minimum creditable coverage? If No, check months with minimum creditable coverage: Corrected:

Yes No Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec