



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 number of insurance co. or administrator 960000161	
3 Name of subscriber FNU NADIRA FATHIMA		4 Date of birth 23NOV1994	5 Subscriber number 09324544441953534855
6 Street address 6 JUDITH LANE APT 05		7 City/Town WALTHAM	8 State MA
		9 Zip 024520000	
Full-year minimum creditable coverage? If No, check months with minimum creditable coverage: Corrected:			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Jan. <input checked="" type="checkbox"/> Feb. <input checked="" type="checkbox"/> Mar. <input checked="" type="checkbox"/> Apr. <input checked="" type="checkbox"/> May <input type="checkbox"/> June <input type="checkbox"/> July <input type="checkbox"/> Aug. <input type="checkbox"/> Sept. <input type="checkbox"/> Oct. <input type="checkbox"/> Nov. <input type="checkbox"/> Dec. <input type="checkbox"/> N			
a. Name of dependent		Date of birth	Subscriber number
Full-year minimum creditable coverage? If No, check months with minimum creditable coverage: Corrected:			
<input type="checkbox"/> Yes <input type="checkbox"/> No <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 type="checkbox"/> Nov. <input type="checkbox"/> Dec.			
b. Name of dependent		Date of birth	Subscriber number
Full-year minimum creditable coverage? If No, check months with minimum creditable coverage: Corrected:			
<input type="checkbox"/> Yes <input type="checkbox"/> No <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 type="checkbox"/> Nov. <input type="checkbox"/> Dec.			
c. Name of dependent		Date of birth	Subscriber number
Full-year minimum creditable coverage? If No, check months with minimum creditable coverage: Corrected:			
<input type="checkbox"/> Yes <input type="checkbox"/> No <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 type="checkbox"/> Nov. <input type="checkbox"/> Dec.			
d. Name of dependent		Date of birth	Subscriber number
Full-year minimum creditable coverage? If No, check months with minimum creditable coverage: Corrected:			
<input type="checkbox"/> Yes <input type="checkbox"/> No <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 type="checkbox"/> Nov. <input type="checkbox"/> Dec.			
e. Name of dependent		Date of birth	Subscriber number
Full-year minimum creditable coverage? If No, check months with minimum creditable coverage: Corrected:			
<input type="checkbox"/> Yes <input type="checkbox"/> No <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 type="checkbox"/> Nov. <input type="checkbox"/> Dec.			
f. Name of dependent		Date of birth	Subscriber number
Full-year minimum creditable coverage? If No, check months with minimum creditable coverage: Corrected:			
<input type="checkbox"/> Yes <input type="checkbox"/> No <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 type="checkbox"/> Nov. <input type="checkbox"/> Dec.			
g. Name of dependent		Date of birth	Subscriber number
Full-year minimum creditable coverage? If No, check months with minimum creditable coverage: Corrected:			
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h. Name of dependent		Date of birth	Subscriber number
Full-year minimum creditable coverage? If No, check months with minimum creditable coverage: Corrected:			
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