



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 CHANDRAKANT N GAJJAR		4 Date of birth 26JUL1978	5 Subscriber number 09143226181579927523
6 Street address 16 ISLAND HILL AVE UNIT 204		7 City/Town MELROSE	8 State MA
		9 Zip 021760000	
Full-year minimum creditable coverage? If No, check months with minimum creditable coverage:			Corrected:
<input checked="" 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.			N
a. Name of dependent MITTAL C GAJJAR		Date of birth 13AUG1980	Subscriber number 09143226181579927523
Full-year minimum creditable coverage? If No, check months with minimum creditable coverage:			Corrected:
<input checked="" 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.			N
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:
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d. 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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e. 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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f. 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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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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