

GAGAN PRABHU 94 HAMMOND ST APT 2 BOSTON MA 02120-2231

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Form MA 1099-HC Individual Mandate-Massachuset Name of insurance company or administrator			2. FID number of insurance co. or administrator	
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. Name of subscriber		4. Date of birth	5. Subscriber number	
GAGAN I	PRABHU	1995-05-04	000833374344	A 7
Street address		7. City/Town	8. State	9. Zip
94 HAMMOND ST		BOSTON	MA	021202231
ull-year minimum cred	itable cover	rage? If No, check months with m	ninimum creditable coverage:	Corrected
Yes 🛛 No		☐ Jan. ☐ Feb. ☐ Mar. ☐ .	Apr. May June July Aug.	Sept. XOct. X Nov. Dec.
. Name of dependent		Date of birth	Subscriber number	
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Full-year minimum cred	itable cove	rage? If No, check months with m		
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. Name of dependent		Date of birth	Subscriber number	
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Yes No		Date of birth	Subscriber number	
c. Name of dependent		Date of off th	Substituti number	
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☐ Yes ☐ No		☐ Jan. ☐ Feb. ☐ Mar. ☐.	Apr. ☐ May ☐ June ☐ July ☐ Aug. ☐	Sept. Oct. Nov. Dec.
d. Name of dependent		Date of birth	Subscriber number	
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∃Yes □ No		☐ Jan. ☐ Feb. ☐ Mar. ☐ .	Apr. May June July Aug.	Sept. Oct. Nov. Dec.
e. Name of dependent		Date of birth	Subscriber number	
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f. Name of dependent		Date of birth	Subscriber number	
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run-year minimam eree				
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