



BlueCross BlueShield of Illinois
 P.O. Box 7344
 Chicago, IL 60680-7344

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



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

1. Name of insurance company or administrator **BLUE CROSS AND BLUE SHIELD OF IL** 2. FID number of insurance co. or administrator **361236610**

3. Name of subscriber **GAGAN PRABHU** 4. Date of birth **1995-05-04** 5. Subscriber number **000833374344**

6. Street address **94 HAMMOND ST APT 2** 7. City/Town **BOSTON** 8. State **MA** 9. Zip **021202231**

Full-year minimum creditable coverage? If No, check months with minimum creditable coverage: Corrected:
 Yes No Jan. Feb. Mar. Apr. May June July Aug. Sept. Oct. Nov. Dec.

a. Name of dependent _____ Date of birth _____ Subscriber number _____

Full-year minimum creditable coverage? If No, check months with minimum creditable coverage: Corrected:
 Yes No Jan. Feb. Mar. Apr. May June July Aug. Sept. Oct. Nov. Dec.

b. Name of dependent _____ Date of birth _____ Subscriber number _____

Full-year minimum creditable coverage? If No, check months with minimum creditable coverage: Corrected:
 Yes No Jan. Feb. Mar. Apr. May June July Aug. Sept. Oct. Nov. Dec.

c. Name of dependent _____ Date of birth _____ Subscriber number _____

Full-year minimum creditable coverage? If No, check months with minimum creditable coverage: Corrected:
 Yes No Jan. Feb. Mar. Apr. May June July Aug. Sept. Oct. Nov. Dec.

d. Name of dependent _____ Date of birth _____ Subscriber number _____

Full-year minimum creditable coverage? If No, check months with minimum creditable coverage: Corrected:
 Yes No Jan. Feb. Mar. Apr. May June July Aug. Sept. Oct. Nov. Dec.

e. Name of dependent _____ Date of birth _____ Subscriber number _____

Full-year minimum creditable coverage? If No, check months with minimum creditable coverage: Corrected:
 Yes No Jan. Feb. Mar. Apr. May June July Aug. Sept. Oct. Nov. Dec.

f. Name of dependent _____ Date of birth _____ Subscriber number _____

Full-year minimum creditable coverage? If No, check months with creditable coverage: Corrected:
 Yes No Jan. Feb. Mar. Apr. May June July Aug. Sept. Oct. Nov. Dec.

