

2021 Form MA 1099-HC Individual Mandate — Massachusetts Health Care Coverage

1 Name of insurance company or administrator Blue Cross Blue Shield of Massachusetts		2 FID number of Insurance co. or administrator 04-1045815		
3 Name of subscriber GAGAN D PRABHU		4 Date of birth 05-04-1995	5 Subscriber number 9868836590000	
6 Street address 94 HAMMOND STREET APT 2		7 City/Town BOSTON	8 State MA	9 Zip 02120

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 minimum creditable coverage: Corrected:

Yes  No
  Jan.  Feb.  Mar.  Apr.  May  June  July  Aug.
  Sept.  Oct.  Nov.  Dec.

g. 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.

h. 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.

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