ne of Insurance company or administrator the Cross Blue Shield of Massachusetts the of subscriber ATOSH NAGA VI AITA 4 Date of birth 08-08-1997								2 FID number of Insurance co. or administrator 04-1045815 5 Subscriber number 9868922740000																				
															reet address 7 City							City/Town BOSTON				8 State 9 Zip 02118		
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ull-year minimum creditable	coverage? If	No, check m	nonths with	minimum o	creditable o	coverage:	July	Aug.	Sept.	∏Oct.	∏Nov.	Dec	Correc															
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c. Name of dependent					Date of	f birth	Subscriber	number	en frances	171 12111	5017,827,76314																	
Full-year minimum creditat	ole coverage?	If No, check	months with	minimum Apr.	creditable	coverage:	July	Aug.	Sept.	□Oct.	∏ Nov.	Dec.	Corrected															
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