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

1 Name of Insurance company or administrator	2 FID number of Insurance co. or administrator
Blue Cross Blue Shield of Massachusetts	04-1045815

3 Name of subscriber	4 Date of birth	5 Subscriber number
SACHIN B MANRAL	01-27-1996	9868927590000

6 Street address	7 City/Town	8 State	9 Zip
78 PERKINS STREET APT 2	SOMERVILLE	MA	02145

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

a. Name of dependent   Date of birth   Subscriber number

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

b. Name of dependent   Date of birth   Subscriber number

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

c. Name of dependent   Date of birth   Subscriber number

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

d. Name of dependent   Date of birth   Subscriber number

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

e. Name of dependent   Date of birth   Subscriber number

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

f. Name of dependent   Date of birth   Subscriber number

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

g. Name of dependent   Date of birth   Subscriber number

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

h. Name of dependent   Date of birth   Subscriber number

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