

Anthem, Inc  
1155 Elm Street  
Suite 200  
Manchester, NH 03101

**Important  
Tax  
Document**

**Return Service Requested**



\*\*\*\*\*SNGLP  
154 1 SP 0.530  
ASHWINI BHOR  
70 PERIMETER CTR E APT 1141  
ATLANTA GA 30346-1820

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20220131 000167 Env (154) 1 of 1

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*This is a corrected 1099HC and replaces any other 1099HC you may have received previously. We apologize for any inconvenience this may have caused.*



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

**2021**  
Massachusetts  
Department of  
Revenue

<b>1. Name of insurance company or administrator</b> Anthem Blue Cross Blue Shield		<b>2. FID number of insurance co. or administrator</b> 581638390	
<b>3. Name of subscriber</b> ASHWINI BHOR	<b>4. Date of birth</b> 1994-10-19	<b>5. Subscriber number</b> 583W1113120	
<b>6. Street address</b> 70 PERIMETER CTR E APT	<b>7. City/Town</b> ATLANTA	<b>8. State</b> GA	<b>9. Zip</b> 30346
<b>Full-year minimum creditable coverage? If No, check months with minimum creditable coverage: Corrected:</b>			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Jan <input type="checkbox"/> Feb <input type="checkbox"/> Mar <input type="checkbox"/> Apr <input type="checkbox"/> May <input type="checkbox"/> Jun <input type="checkbox"/> Jul <input type="checkbox"/> Aug <input type="checkbox"/> Sep <input type="checkbox"/> Oct <input type="checkbox"/> Nov <input checked="" type="checkbox"/> Dec    X			