

Return Service Requested
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 AYNUR OLMEZ
 40 MALVERN ST
 APT 408
 ALLSTON, MA 02134



For the 2021 tax year, Massachusetts (MA) Chapter 58 of the Acts of 2006 requires MA residents age 18 and older to demonstrate that they have had continuous health insurance coverage for 12 consecutive months with a plan that meets the Massachusetts Minimum Creditable Coverage requirements.

This Form MA 1099-HC contains information you need to prepare Schedule HC of your 2021 MA income tax filing. Please note:

- This Form MA 1099-HC provides documentation to the Department of Revenue (DOR) for the tax year 2021 for either full-year (12 months) or partial-year (less than 12 months) Boston Medical Center HealthNet Plan coverage with a plan that meets the Massachusetts Minimum Creditable Coverage requirements for you and/or your dependents.
- For partial-year coverage, the months covered with Boston Medical Center HealthNet Plan will be indicated for you and/or your dependents. A full month of coverage is defined as 15 days or more and is indicated in the Schedule HC as a month with coverage. Coverage under 15 days in a month is considered as not having coverage for that month. To provide the DOR with necessary documentation for continuous coverage, you may need to submit additional documentation from other health plans that you were insured with while you were not covered by Boston Medical Center HealthNet Plan.
- This is the only copy of Form MA 1099-HC you and/or your dependents covered under your health plan will receive from Boston Medical Center HealthNet Plan. You may make copies of this document for any of your dependents who require their own documentation for the 2021 tax year.
- You are required to submit this form with Schedule HC if you file your taxes on paper. You are responsible for retaining this with your tax records as you would all of your tax documentation.
- If there are no boxes checked on this form, it indicates that your coverage does NOT meet the Massachusetts Minimum Creditable Coverage requirements. Please contact your employer for more information.

For questions about Schedule HC of your 2021 MA tax filing, please visit the MA DOR Web site at www.mass.gov/dor.

For questions about the information on this form, please visit our Web site at www.bmchp.org or contact our Member Services Department at 877-492-6967.

2021
Massachusetts
Department of
Revenue



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

1. Name of insurance company or administrator Boston Medical Center HealthNet Plan		2. FID number of insurance co. or administrator 043373331	
3. Name of subscriber AYNUR OLMEZ	4. Date of birth 02/03/1990	5. Subscriber number C000897620	
6. Street address 40 MALVERN ST APT 408	7. City/Town ALLSTON	8. State MA	9. Zip 02134
10. 12-month coverage? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If No, check months covered: <input type="checkbox"/> Jan. <input type="checkbox"/> Feb. <input type="checkbox"/> Mar. <input type="checkbox"/> Apr. <input type="checkbox"/> May <input type="checkbox"/> June <input type="checkbox"/> July <input type="checkbox"/> Aug. <input type="checkbox"/> Sept. <input type="checkbox"/> Oct. <input type="checkbox"/> Nov. <input type="checkbox"/> Dec.			

Corrected: