021 Form MA 10	99-HC	Indiv	dual N	landat	e — N	lassacl	nusetts	Healt	n Care	Cove	rage		
1 Name of Insurance company or administrator 2 FID number of Insurance co. or administrator													
Blue Cross Blue Shield of Massachusetts							04-1045815						
Name of subscriber 4 Date of birth							5 Subscriber number						
SAI SURYA MOUNI D	ANDYALA	H.	0001 A	11-14-	1995	icel(Liu	96241	511500	000				
6 Street address 93 PRESIDENTIAL I	OR UNIT	2			Cave	City/Town QUINCY		Fax an	1505 h	8 State MA	9 Zip 02	169	(-) ₅
Full-year minimum creditable co	overage? If	No, check r	nonths with		reditable c	overage:	July	Aug.	Sept.	Oct.	Nov.	☑ Dec	Correct
a. Name of dependent					Date of	birth	Subscribe	r number	HA HO J	A/11/13/ 0150 /6	12 - 17 T	0	
Full-year minimum creditable	coverage? I	f No, check	months with	minimum (creditable c	overage:	July	Aug.	Sept.	Oct.	∏ Nov.	Dec.	Corrected
b. Name of dependent					Date of	birth	Subscriber	number					
Full-year minimum creditabl	e coverage?	If No, chec	k months wit	h minimum	creditable c	overage:	July	Aug.	Sept.	Oct.	Nov.	Dec.	Corrected:
c. Name of dependent					Date of	birth	Subscriber number						
Full-year minimum creditabl	e coverage?		k months wit	-	creditable o	overage:	July	Aug.	Sept.	Oct.	Nov.	Dec.	Corrected
d. Name of dependent	e estimati	Li (la	0) 21 24	ud marci	Date of	birth	Subscriber	number			7. 77.11		
Full-year minimum creditable	e coverage?	If No, chec	k months wit	h minimum	creditable o	coverage;	July	Aug.	Sept.	Oct.	□ Nov.	Dec.	Corrected
e. Name of dependent				Ta and	Date of	birth	Subscriber	number	E 1 7 60	e jelti i	AND B		
Full-year minimum creditabl	e coverage?	If No, chec	The second second	h minimum	creditable o		July	Aug.	Sept.	Oct.	Nov.	Dec.	Corrected
f. Name of dependent					Date of	birth	Subscriber	number					
Full-year minimum creditate	le coverage? ∏Jan			th minimum	creditable o	coverage:	July	Aug.	Sept.	Oct.	☐ Nov.	Dec.	Corrected:
g. Name of dependent					Date of	f birth	Subscribe	rnumber					
Full-year minimum creditable	coverage?	If No, check	months wit	h minimum Apr.	creditable o		July	Aug.	☐ Sept.	Oct.	∏Nov.	☐ Dec	Correcte.
h. Name of dependent			1 alone	calmin.	Date of	f birth	Subscribe	er number				problem Days	
Full-year minimum creditable o	coverage? II	No, check	months with	minimum Apr.	creditable		☐ July	Aug	. Sep	t. 0 00	it. No	v. 🛮 D	Corre
		101 11	untineten	Avenue	Suite 12	00 L Boets	on MA O	7190-761	1				
Blue Cross	Blue Shield					600 Bosto t Licensee				e Shield	Association	on	
102					Pa	ge: 2							