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
PARAMESHWAR RED KOTHAMALI	01-10-1994	9806581720000

6 Street address	7 City/Town	8 State	9 Zip
93 PRESIDENTIAL DR UNIT 2	QUINCY	MA	02169

Full-year minimum creditable coverage? If No, check months with minimum creditable coverage: Corrected:

☒ Yes ☐ No ☐ Jan. ☐ Feb. ☐ Mar. ☐ Apr. ☐ May ☐ June ☐ July ☐ Aug. ☐ Sept. ☐ Oct. ☐ Nov. ☐ Dec.

a. Name of dependent — Date of birth — Subscriber number

Full-year minimum creditable coverage? If No, check months with minimum creditable coverage: Corrected:

☐ Yes ☐ No ☐ Jan. ☐ Feb. ☐ Mar. ☐ Apr. ☐ May ☐ June ☐ July ☐ Aug. ☐ Sept. ☐ Oct. ☐ Nov. ☐ Dec.

b. Name of dependent — Date of birth — Subscriber number

Full-year minimum creditable coverage? If No, check months with minimum creditable coverage: Corrected:

☐ Yes ☐ No ☐ Jan. ☐ Feb. ☐ Mar. ☐ Apr. ☐ May ☐ June ☐ July ☐ Aug. ☐ Sept. ☐ Oct. ☐ Nov. ☐ Dec.

c. Name of dependent — Date of birth — Subscriber number

Full-year minimum creditable coverage? If No, check months with minimum creditable coverage: Corrected:

☐ Yes ☐ No ☐ Jan. ☐ Feb. ☐ Mar. ☐ Apr. ☐ May ☐ June ☐ July ☐ Aug. ☐ Sept. ☐ Oct. ☐ Nov. ☐ Dec.

d. Name of dependent — Date of birth — Subscriber number

Full-year minimum creditable coverage? If No, check months with minimum creditable coverage: Corrected:

☐ Yes ☐ No ☐ Jan. ☐ Feb. ☐ Mar. ☐ Apr. ☐ May ☐ June ☐ July ☐ Aug. ☐ Sept. ☐ Oct. ☐ Nov. ☐ Dec.

e. Name of dependent — Date of birth — Subscriber number

Full-year minimum creditable coverage? If No, check months with minimum creditable coverage: Corrected:

☐ Yes ☐ No ☐ Jan. ☐ Feb. ☐ Mar. ☐ Apr. ☐ May ☐ June ☐ July ☐ Aug. ☐ Sept. ☐ Oct. ☐ Nov. ☐ Dec.

f. Name of dependent — Date of birth — Subscriber number

Full-year minimum creditable coverage? If No, check months with minimum creditable coverage: Corrected:

☐ Yes ☐ No ☐ Jan. ☐ Feb. ☐ Mar. ☐ Apr. ☐ May ☐ June ☐ July ☐ Aug. ☐ Sept. ☐ Oct. ☐ Nov. ☐ Dec.

g. Name of dependent — Date of birth — Subscriber number

Full-year minimum creditable coverage? If No, check months with minimum creditable coverage: Corrected

☐ Yes ☐ No ☐ Jan. ☐ Feb. ☐ Mar. ☐ Apr. ☐ May ☐ June ☐ July ☐ Aug. ☐ Sept. ☐ Oct. ☐ Nov. ☐ Dec.

h. Name of dependent — Date of birth — Subscriber number

Full-year minimum creditable coverage? If No, check months with minimum creditable coverage: Corr

☐ Yes ☐ No ☐ Jan. ☐ Feb. ☐ Mar. ☐ Apr. ☐ May ☐ June ☐ July ☐ Aug. ☐ Sept. ☐ Oct. ☐ Nov. ☐ Dec.