

Return Service Requested



*****SCH 5-DIGIT 02134
45280 1 AV 0.426 78
KRISHNA JAYA KOTHARI
10 MOUNT HOOD RD APT 2
BRIGHTON MA 02135-7371

013507010101

MAL99E01 COM1
20220120B07 JF21
20220113 013507 Env [45,280] 1 of 1



Form MA 1099-HC
Individual Mandate
Massachusetts Health Care Coverage

2021
Massachusetts
Department of
Revenue

1. Name of insurance company or administrator 2. FID number of insurance co. or administrator
Anthem Blue Cross Blue Shield 390138065

3. Name of subscriber 4. Date of birth 5. Subscriber number
KRISHNA JAYA KOTHARI 1993-01-23 482W0684710

6. Street address 7. City/Town 8. State 9. Zip
10 MOUNT HOOD RD APT 2 BRIGHTON MA 02135

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

Yes No Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec