

2021 Form MA 1099-HC Individual Mandate — Massachusetts Health Care Coverage

1 Name of Insurance company or administrator  
Blue Cross Blue Shield of Massachusetts

2 FID number of Insurance co. or administrator  
04-1045815

3 Name of subscriber  
VENKATA RAGHAVE SRIKAKULA

4 Date of birth  
05-31-1990

5 Subscriber number  
9610057510000

6 Street address  
252 KENNEDY DR APT 105

7 City/Town  
MALDEN

8 State  
MA

9 Zip  
02148

Full-year minimum creditable coverage? If No, check months with minimum creditable coverage:  
 Yes  No  Jan.  Feb.  Mar.  Apr.  May  June  July  Aug.  Sept.  Oct.  Nov.  Dec. Corrected:

a. Name of dependent  
LAKSHMI DEEPTHI THOTA

Date of birth  
05-28-1992

Subscriber number  
9610057510001

Full-year minimum creditable coverage? If No, check months with minimum creditable coverage:  
 Yes  No  Jan.  Feb.  Mar.  Apr.  May  June  July  Aug.  Sept.  Oct.  Nov.  Dec. Corrected:

b. Name of dependent  
AYAAN SRIKAKULA

Date of birth  
01-04-2021

Subscriber number  
9610057510002

Full-year minimum creditable coverage? If No, check months with minimum creditable coverage:  
 Yes  No  Jan.  Feb.  Mar.  Apr.  May  June  July  Aug.  Sept.  Oct.  Nov.  Dec. Corrected:

c. Name of dependent

Date of birth

Subscriber number

Full-year minimum creditable coverage? If No, check months with minimum creditable coverage:  
 Yes  No  Jan.  Feb.  Mar.  Apr.  May  June  July  Aug.  Sept.  Oct.  Nov.  Dec. Corrected:

d. Name of dependent

Date of birth

Subscriber number

Full-year minimum creditable coverage? If No, check months with minimum creditable coverage:  
 Yes  No  Jan.  Feb.  Mar.  Apr.  May  June  July  Aug.  Sept.  Oct.  Nov.  Dec. Corrected:

e. Name of dependent

Date of birth

Subscriber number

Full-year minimum creditable coverage? If No, check months with minimum creditable coverage:  
 Yes  No  Jan.  Feb.  Mar.  Apr.  May  June  July  Aug.  Sept.  Oct.  Nov.  Dec. Corrected:

f. Name of dependent

Date of birth

Subscriber number

Full-year minimum creditable coverage? If No, check months with minimum creditable coverage:  
 Yes  No  Jan.  Feb.  Mar.  Apr.  May  June  July  Aug.  Sept.  Oct.  Nov.  Dec. Corrected:

g. Name of dependent

Date of birth

Subscriber number

Full-year minimum creditable coverage? If No, check months with minimum creditable coverage:  
 Yes  No  Jan.  Feb.  Mar.  Apr.  May  June  July  Aug.  Sept.  Oct.  Nov.  Dec. Corrected:

h. Name of dependent

Date of birth

Subscriber number

Full-year minimum creditable coverage? If No, check months with minimum creditable coverage:  
 Yes  No  Jan.  Feb.  Mar.  Apr.  May  June  July  Aug.  Sept.  Oct.  Nov.  Dec. Corrected:

101 Huntington Avenue, Suite 1300 | Boston, MA 02199-7611

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association