

January 27, 2023

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1099-MS1 \*\*\*\*\*AUTO\*\*ALL FOR AADC 980  
9520111



Sandeep Reddy Peddi  
13102 13th PI W  
Everett WA 98204-3788



Dear Sandeep Reddy Peddi:

This letter serves as your 2022 **Form MA 1099-HC** for the AMAZON AND SUBSIDIARIES Medical Plan administered by Premera Blue Cross. The below information is needed when filing your Schedule 1099-HC with your state income taxes.

1. Name of insurance company or administrator	Premera Blue Cross
2. FID number of insurance company or administrator	910499247
3. Name of Subscriber	Sandeep Reddy Peddi
4. Date of birth	03/31/1994
5. Subscriber number	60391711201
6. Street Address	1450 WORCESTER RD APT 8401
7. City/town	FRAMINGHAM
8. State	MA
9. Zip	01702
Coverage effective date	01/03/2022
Coverage through date	12/31/2022
MA Creditable Coverage Requirement Met	YES

If you have dependents covered on the plan, they are listed below:

Dependent Name	Member Number	Date of Birth	Coverage Effective Date	Coverage Through Date
NIKITHA SANVELLI	60391711202	06/07/1994	05/21/2022	12/31/2022

If you have any questions, please call the customer service number on the back of your Premera Blue Cross ID card. We will be happy to assist you in any way we can.