BlueCross BlueShield of Illinois
P.O. Box 7344
Chicago, IL 60680-7344
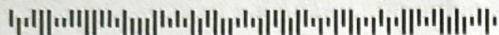
Form MA 1099-HC Individual Mandate-Massachusetts Health Care Coverage

1. Name of insurance company or administrator	2. FID number of insurance co. or administrator
BLUE CROSS AND BLUE SHIELD OF TX	361236610

3. Name of subscriber	4. Date of birth	5. Subscriber number
VINYAS MAIYA	1990-03-18	000832012821

6. Street address	7. City/Town	8. State	9. Zip
2001 FALLS BLVD	QUINCY	MA	021698213

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

[X] Yes [ ] No   [ ] Jan. [ ] Feb. [ ] Mar. [ ] Apr. [ ] May [ ] June [ ] July [ ] Aug. [ ] Sept. [ ] Oct. [ ] Nov. [ ] Dec.

a. Name of dependent	Date of birth	Subscriber number
POOJA RAMESH	1995-09-05	000832012821

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

[X] 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 creditable coverage: Corrected:

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