

երվիոսկակարերկրերկինորկությերինկիր

1. Name of insurance company or adn	linistrator	2. FID number of insurance co. or a	administrator
BLUE CROSS AND BLUE SH	IELD 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 mir	nimum creditable coverage:	Corrected:
X Yes □ No	☐ Jan. ☐ Feb. ☐ Mar. ☐ A	pr. May June July Aug. S	ept. 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 mir	nimum creditable coverage:	Corrected:
X Yes □ No	☐ Jan. ☐ Feb. ☐ Mar. ☐ A	pr. May June July Aug. S	ept. Oct. Nov. Dec.
o. Name of dependent	Date of birth	Subscriber number	No.
Full-year minimum creditable coverage	? If No, check months with mir	nimum creditable coverage:	Corrected:
☐Yes ☐ No	☐ Jan. ☐ Feb. ☐ Mar. ☐ A	pr. May June July Aug. S	ept. Oct. Nov. Dec.
c. Name of dependent	Date of birth	Subscriber number	
Full-year minimum creditable coverage	? If No, check months with mir	nimum creditable coverage:	Corrected:
☐ Yes ☐ No	☐ Jan. ☐ Feb. ☐ Mar. ☐ A	.pr, 🗌 May 🔲 June 🗎 July 🗎 Aug. 🔲 S	ept. Oct. Nov. Dec.
i. Name of dependent		The state of the s	
i. Ivame of dependent	Date of birth	Subscriber number	
i. Ivame of dependent	Date of birth	Subscriber number	
			Corrected
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Full-year minimum creditable coverage Yes No Name of dependent Full-year minimum creditable coverage Yes No	e? If No, check months with min Jan. Feb. Mar. A Date of birth e? If No, check months with min Jan. Feb. Mar. A	nimum creditable coverage: .pr. May June July Aug. S Subscriber number nimum creditable coverage: .pr. May. June July Aug. S	ept. Oct. Nov. Dec.
Full-year minimum creditable coverage Yes No Name of dependent Full-year minimum creditable coverage Yes No	e? If No, check months with min Jan. Feb. Mar. A Date of birth e? If No, check months with min	nimum creditable coverage: .pr. May June July Aug. S Subscriber number nimum creditable coverage:	Corrected
Full-year minimum creditable coverage Yes No Name of dependent Full-year minimum creditable coverage	e? If No, check months with min Jan. Feb. Mar. A Date of birth e? If No, check months with min Jan. Feb. Mar. A Date of birth	nimum creditable coverage: .pr. May June July Aug. S Subscriber number nimum creditable coverage: .pr. May. June July Aug. S Subscriber number	ept. Oct. Nov. Dec.