

Form MA 1099-HC Individual Mandate Massachusetts Health Care Coverage

2022
Massachusetts
Department of
Revenue

Name of insurance company or administrator UnitedHealth Group		number of insurance co. or administrator 00161
	4 Date of birth 26JUL1978	5 Subscriber number 09143226181579927523
	r/Town WOOD	8 State 9 Zip MA 020620000
Full-year minimum creditable coverage? If No, check months with	h minimum creditable c	•
Y Yes No Jan. Feb. Mar. Apr. May	June July Aug.	
	Date of birth 13AUG1980	Subscriber number 09143226181579927523
Full-year minimum creditable coverage? If No, check months with	th minimum creditable o	coverage: Corrected:
Y Yes No Jan. Feb. Mar. Apr. May	June July Aug.	Sept. Oct. Nov. Dec. N
b. Name of dependent	Date of birth	Subscriber number
Full-year minimum creditable coverage? If No, check months wit	h minimum creditable c	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 wit	h minimum creditable c	coverage: Corrected:
Yes No Jan. Feb. Mar. Apr. May	June July Aug.	
d. Name of dependent	Date of birth	Subscriber number
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