

Anthem, Inc.
1155 Elm Street
Suite 200
Manchester, NH 03101

**Important
Tax
Document**

Return Service Requested



*****5-DIGIT 02148
5449 1 AV 0.471 9
DIVYA SUBBAIAN
244 KENNEDY DR APT 706
MALDEN MA 02148-3314

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Form MA 1099-HC
Individual Mandate
Massachusetts Health Care Coverage

2022
Massachusetts
Department of
Revenue

1. Name of insurance company or administrator Anthem Blue Cross Blue Shield		2. FID number of insurance co. or administrator 061475928	
3. Name of subscriber DIVYA SUBBAIAN	4. Date of birth 1997-01-10	5. Subscriber number 546W1274520	
6. Street address 244 KENNEDY DR APT 706	7. City/Town MALDEN	8. State MA	9. Zip 02148
Full-year minimum creditable coverage? If No, check months with minimum creditable coverage: Corrected:			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Jan <input type="checkbox"/> Feb <input type="checkbox"/> Mar <input type="checkbox"/> Apr <input checked="" type="checkbox"/> May <input checked="" type="checkbox"/> Jun <input checked="" type="checkbox"/> Jul <input checked="" type="checkbox"/> Aug <input checked="" type="checkbox"/> Sep <input checked="" type="checkbox"/> Oct <input checked="" type="checkbox"/> Nov <input checked="" type="checkbox"/> Dec			