

WellSense Health Plan
529 Main Street, Suite 500
Charlestown, MA 02129

Important
Tax
Document



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0102

Forwarding Service Requested

AYNUR OLMEZ
80 FAWCETT ST UNIT 354
CAMBRIDGE, MA 02138-1154

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For questions about the information on this form please
Visit our website at www.wellsense.org or contact our
Customer Care Center at 855-833-8120

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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
WellSense Health Plan

2. FID number of insurance co. or administrator
043373331

3. Name of subscriber
AYNUR OLMEZ

4. Date of birth
1990-02-03

5. Subscriber number
C000897620

6. Street address
80 FAWCETT STREET

7. City/Town
Cambridge

8. State
MA

9. Zip
02138

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