

2022 Form MA 1099-HC Individual Mandate — Massachusetts Health Care Coverage

1 Name of Insurance company or administrator Blue Cross Blue Shield of Massachusetts		2 FID number of Insurance co. or administrator 04-1045815		
3 Name of subscriber SAI SURYA MOUNI DANDYALA	4 Date of birth 11-14-1995	5 Subscriber number 9624151150000		
6 Street address 93 PRESIDENTIAL DR UNIT 2		7 City/Town QUINCY	8 State MA	
			9 Zip 02169	

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.

a. 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.

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 minimum creditable coverage: Corrected:

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

g. 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.

h. 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.

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