

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

1. Name of insurance company or administrator
Health Plans, Inc.

2. FID number of insurance co. or administrator
042734278

3. Name of subscriber
SIVASANKARAN DHANASEKARAN

4. Date of birth
1993-05-16

5. Subscriber Number
HHBA6103400

6. Street address
285 PLANTATION STREET, APT 713

7. City/Town
WORCESTER

8. State
MA

9. Zip
01604

Full-year minimum creditable coverage? Yes No

If No, check months with minimum creditable coverage:
 Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec

Corrected:

a. Name of dependent
PREETHI SIVASANKARAN

Date of birth
1999-11-10

Subscriber Number
HHBA6103401

Full-year minimum creditable coverage? Yes No

If No, check months with minimum creditable coverage:
 Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec

Corrected:

b. Name of dependent
SIVADEESHITHAN SIVASANKARAN

Date of birth
2022-03-25

Subscriber Number
HHBA6103402

Full-year minimum creditable coverage? Yes No

If No, check months with minimum creditable coverage:
 Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec

Corrected: