BlueCross BlueShield of Illinois
P.O. Box 7344
Chicago, IL 60680-7344

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18433 1 AV 0.455 47
KARTHEEK JAMPULA
7 OCEAN VIEW DR
APT 709
BOSTON MA 02125-3545

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

1. Name of insurance company or administrator	2. FID number of insurance co. or administrator
BLUE CROSS AND BLUE SHIELD OF TX	361236610

3. Name of subscriber		4. Date of birth	5. Subscriber number
KARTHEEK	JAMPULA	1993-10-11	000808386625

6. Street address	7. City/Town	8. State	9. Zip
7 OCEAN VIEW DR	BOSTON	MA	021253545

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 creditable coverage: Corrected:

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

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

1 Name of Insurance company or administrator	2 FID number of Insurance co. or administrator
Blue Cross Blue Shield of Massachusetts	04-1045815

3 Name of subscriber	4 Date of birth	5 Subscriber number
KARTHEEK JAMPULA	10-11-1993	9623585630000

6 Street address	7 City/Town	8 State	9 Zip
7 OCEAN VIEW DRIVE 709	BOSTON	MA	02125

Full-year minimum creditable coverage? ☐ Yes ☒ No — If No, check months with minimum creditable coverage: ☒ Jan. ☒ Feb. ☒ Mar. ☒ Apr. ☒ May ☒ June ☒ July ☒ Aug. ☐ Sept. ☐ Oct. ☐ Nov. ☐ Dec. — Corrected: ☐

a. Name of dependent — Date of birth — Subscriber number

Full-year minimum creditable coverage? ☐ Yes ☐ No — If No, check months with minimum creditable coverage: ☐ Jan. ☐ Feb. ☐ Mar. ☐ Apr. ☐ May ☐ June ☐ July ☐ Aug. ☐ Sept. ☐ Oct. ☐ Nov. ☐ Dec. — Corrected: ☐

b. Name of dependent — Date of birth — Subscriber number

Full-year minimum creditable coverage? ☐ Yes ☐ No — If No, check months with minimum creditable coverage: ☐ Jan. ☐ Feb. ☐ Mar. ☐ Apr. ☐ May ☐ June ☐ July ☐ Aug. ☐ Sept. ☐ Oct. ☐ Nov. ☐ Dec. — Corrected: ☐

c. Name of dependent — Date of birth — Subscriber number

Full-year minimum creditable coverage? ☐ Yes ☐ No — If No, check months with minimum creditable coverage: ☐ Jan. ☐ Feb. ☐ Mar. ☐ Apr. ☐ May ☐ June ☐ July ☐ Aug. ☐ Sept. ☐ Oct. ☐ Nov. ☐ Dec. — Corrected: ☐

d. Name of dependent — Date of birth — Subscriber number

Full-year minimum creditable coverage? ☐ Yes ☐ No — If No, check months with minimum creditable coverage: ☐ Jan. ☐ Feb. ☐ Mar. ☐ Apr. ☐ May ☐ June ☐ July ☐ Aug. ☐ Sept. ☐ Oct. ☐ Nov. ☐ Dec. — Corrected: ☐

e. Name of dependent — Date of birth — Subscriber number

Full-year minimum creditable coverage? ☐ Yes ☐ No — If No, check months with minimum creditable coverage: ☐ Jan. ☐ Feb. ☐ Mar. ☐ Apr. ☐ May ☐ June ☐ July ☐ Aug. ☐ Sept. ☐ Oct. ☐ Nov. ☐ Dec. — Corrected: ☐

f. Name of dependent — Date of birth — Subscriber number

Full-year minimum creditable coverage? ☐ Yes ☐ No — If No, check months with minimum creditable coverage: ☐ Jan. ☐ Feb. ☐ Mar. ☐ Apr. ☐ May ☐ June ☐ July ☐ Aug. ☐ Sept. ☐ Oct. ☐ Nov. ☐ Dec. — Corrected: ☐

g. Name of dependent — Date of birth — Subscriber number

Full-year minimum creditable coverage? ☐ Yes ☐ No — If No, check months with minimum creditable coverage: ☐ Jan. ☐ Feb. ☐ Mar. ☐ Apr. ☐ May ☐ June ☐ July ☐ Aug. ☐ Sept. ☐ Oct. ☐ Nov. ☐ Dec. — Corrected: ☐

h. Name of dependent — Date of birth — Subscriber number

Full-year minimum creditable coverage? ☐ Yes ☐ No — If No, check months with minimum creditable coverage: ☐ Jan. ☐ Feb. ☐ Mar. ☐ Apr. ☐ May ☐ June ☐ July ☐ Aug. ☐ Sept. ☐ Oct. ☐ Nov. ☐ Dec. — Corrected: ☐