

Form MA 1099-HC  
Individual Mandate  
Massachusetts Health Care Coverage

2022  
Massachusetts  
Department of  
Revenue

Tracking #: 907414T5

1 Name of insurance company or administrator

2 FID number of insurance co. or administrator

AETNA

06-6033492

3 Name of subscriber

4 Date of birth

5 Subscriber number

RAVI PRAKASH BOLLEPALLI

05/11/1977

244042152

6 Street address

7 City/Town

8 State

9 Zip

8309 GREENLEAF RIDGE WAY

CONROE

TX

77385

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

AARAV S BOLLEPALLI

07/04/2016

244042154

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

SOHIT S BOLLEPALLI

06/01/2013

244042156

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.

