



Form MA 1099-HC
Individual Mandate
Massachusetts Health Care Coverage

2022
Massachusetts
Department of
Revenue

1 Name of insurance company or administrator: UnitedHealth Group
2 FID number of insurance co. or administrator: 960000161
3 Name of subscriber: PREMCHAND RAVELLA
4 Date of birth: 18SEP1993
5 Subscriber number: 09891622821476072404
6 Street address: 120 COMMERCE WAY APT 531
7 City/Town: WOBURN
8 State: MA
9 Zip: 018010000
Full-year minimum creditable coverage? If No, check months with minimum creditable coverage: Corrected:
[] Yes [X] No [] Jan. [] Feb. [] Mar. [] Apr. [] May [] June [X] July [X] Aug. [X] Sept. [X] Oct. [X] Nov. [X] Dec. N
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.