MASSACHUSETTS

Please Do Not Discard | Form MA 1099-HC
Important 2022 Tax and Health Care Coverage Documentation on Reverse Side

JANUARY 2023

25000-00069441 22/353 019357
NIKHIL SHALIA
15 SHEPHERD AVE APT 3
BOSTON MA 02115-6221

Massachusetts' health care reform law requires most residents, 18 years of age and older, to have health coverage that meets the minimum creditable coverage (MCC) standards set by the Commonwealth Health Insurance Connector.

Your Blue Cross Blue Shield of Massachusetts health plan meets these minimum creditable coverage standards. The 2022 Form MA 1099-HC on the reverse of this page identifies which months out of the year you had this health coverage through Blue Cross Blue Shield of Massachusetts. If you were covered through Blue Cross Blue Shield of Massachusetts for all 12 months of the tax year, the Full-Year Coverage box is checked off.

If you were covered through Blue Cross Blue Shield of Massachusetts for less than 12 months, only those months that you or a dependent on your policy had 15 or more days of health coverage in a given month will have a check in the appropriate month's box.

Please refer to the 2022 Massachusetts Department of Revenue Filing instructions or visit **www.mass.gov/dor** for specific instructions on how to transfer this information to your MA Schedule HC for your 2022 tax filing.

Note: Any of your dependents who will be filing a separate 2022 state tax return will need this information to complete their filing. The 2022 Form MA 1099-HC on the back of this notice may be photocopied. You do not need to contact Blue Cross Blue Shield of Massachusetts to request additional forms.

Por favor no destruya esta información | Forma MA 1099-HC

Para obtener información en español referente a la forma 1099-HC, por favor llame al número de servicio al cliente impreso en la parte delantera de su tarjeta de identificación. Nuestros representantes estan disponibles para proveer esta información en español.

For More Information

- Visit the Blue Cross Blue Shield Of Massachusetts website at **www.bluecrossma.com/1099HC** or call the toll-free telephone number on your member ID card.
- Visit the Connector website at **www.mahealthconnector.org** or call **1-877-MA-ENROLL (1-877-623-6765)**.

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
NIKHIL SHALIA	11-24-1996	9868906820000

6 Street address	7 City/Town	8 State	9 Zip
15 SHEPHERD AVENUE 3	BOSTON	MA	02115

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. — Correct

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. — Correcte

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. — Correcte