

WellSense Health Plan
 529 Main Street, Suite 500
 Charlestown, MA 02129

**Important
 Tax
 Document**



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 0102

Forwarding Service Requested



Nagaraj Bejugama
 43 NABNASSET ST
 WESTFORD, MA 01886-1770

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For questions about the information on this form please
 Visit our website at www.wellsense.org or contact our
 Customer Care Center at 855-833-8120

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

2022
 Massachusetts
 Department of
 Revenue

1. Name of insurance company or administrator WellSense Health Plan
2. FID number of insurance co. or administrator 043373331

3. Name of subscriber Nagaraj Bejugama
4. Date of birth 1980-04-03
5. Subscriber number C002497960

6. Street address 43 Nabnasset St
7. City/Town Westford
8. State MA
9. Zip 01886

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:

Name of dependent NIRUPAMA KASALA
Date of birth 1981-10-24
Subscriber number C002497961

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:

Name of dependent SIDDHIKSHA BEJUGAMA
Date of birth 2011-09-26
Subscriber number C002497962

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:

Name of dependent SHREENIKA BEJUGAMA
Date of birth 2016-11-21
Subscriber number C002497963

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: