



Form MA 1099-HC Individual Mandate Massachusetts Health Care Coverage

2022
Massachusetts
Department of
Revenue

			1	
Name of insurance company or administrator UnitedHealth Group	96000016		administrator	
5 Harrie of Sabooribor	- Dato or Dirai	Subscriber number 3085168808516		
6 Street address 7 City 201 HARVARD AVE APT 2 BOST	/Town ON		9 Zip 021340000	
Full-year minimum creditable coverage? If No, check months with minimum creditable coverage: Corrected: Yes N No Jan. Feb. Mar. Apr. May June July X Aug. Sept. Oct. Nov. Dec. Y				
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 w	ith minimum creditable cov	verage:] Sept. Oct. Nov.	Corrected: 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		
f. Name of dependent Full-year minimum creditable coverage? If No, check months and the second seco	vith minimum creditable co		Corrected:	
Full-year minimum creditable coverage? If No, check months	vith minimum creditable co	verage:		
Full-year minimum creditable coverage? If No, check months of the last of the	with minimum creditable co June July Aug. Date of birth	verage: Sept. Oct. Nov. Subscriber number overage: Sept. Oct. Nov	Dec. Corrected:	
Full-year minimum creditable coverage? If No, check months of the second	with minimum creditable co June July Aug. Date of birth with minimum creditable co June July Aug. Date of birth	verage: Sept. Oct. Nov. Subscriber number overage: Sept. Oct. Nov.	Dec. Corrected:	