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January 11, 2023

2022 Tax Year 1099-HC Form For Reporting Massachusetts Health Care Coverage

Dear Subscriber:

Massachusetts Health Care Reform law requires state residents to report on their health care coverage when filing their Massachusetts income tax return. **The enclosed 1099-HC form provides you with information to help you prepare the required reporting form.**

When you file your Massachusetts income tax return, you will need to complete a form known as **Schedule HC**, which you should obtain along with other state income tax forms (Harvard Pilgrim does not have tax forms to distribute). The information from the enclosed 1099-HC form indicates the Minimum Creditable Coverage you had in 2022 and will allow you to complete Schedule HC for yourself and any dependents. If you had coverage in 2022 with any other insurance carriers, you should expect to receive a 1099-HC form from those carriers as well.

The “Full-Year Minimum Creditable Coverage” box will be checked for any member listed on the 1099-HC form with Minimum Creditable Coverage for the full year in 2022. For any member listed on the 1099-HC form who didn’t have Minimum Creditable Coverage for the full year, a checkmark will appear for each month in which that member had Minimum Creditable Coverage for 15 days or more. Please note that only dependents over 17 will be included on the form. **If neither the “Full-Year” box nor any months are checked, it means that you were not covered under a Minimum Creditable Coverage plan.** This does not mean you were not insured; it means that you were not covered under a plan that met the requirements set by Massachusetts. Please check with your employer or school, as

applicable, to verify your plan's status.

There is a grace period of 63 consecutive days in which you or any dependents may be uninsured without incurring tax penalties set by the Massachusetts Department of Revenue.

Please review the 1099-HC form and verify that the information is accurate. If the information is incorrect, please provide the correct information to your employer or school. We will issue a corrected 1099-HC form within 30 to 45 days of being notified of a change.

If you have any questions on your responsibility to complete and file Schedule HC with your state income tax, please contact your tax advisor or visit the Massachusetts Department of Revenue's Web site, **www.mass.gov/dor**. If you have any questions about your 1099-HC form, please call the number on your medical ID card.

Note: If you are filing a hard copy (paper) income tax return, please include the 1099-HC form in your tax return mailing and keep a copy for your records.

PLEASE NOTE: YOUR 1099-HC FORM IS ENCLOSED.

Coverage underwritten by HPHC Insurance Company In Massachusetts, Maine and New Hampshire and UnitedHealthcare Insurance Company or its affiliates.

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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
HPHC Insurance Co

2 FID number of insurance co. or administrator
043149694

3 Name of subscriber
SANJAY MOORJANI

4 Date of birth
15MAY1990

5 Subscriber number
85566808556680

6 Street address
162 LAKE SHORE RD APT 2

7 City/Town
BRIGHTON

8 State
MA

9 Zip
021350000

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. 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.

