

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

**2022
Massachusetts
Department of
Revenue**

Tracking #: 978308T1

1 Name of insurance company or administrator

2 FID number of insurance co. or administrator

AETNA

06-6033492

3 Name of subscriber

4 Date of birth

5 Subscriber number

ADITI SHAH

01/19/1996

269403603

6 Street address

7 City/Town

8 State

9 Zip

218 SHERMAN ROAD

CHESTNUT HILL

MA

02467

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.

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.

