



Form MA 1099-HC
Individual Mandate
Massachusetts Health Care Coverage

2022
 Massachusetts
 Department of
 Revenue

1 Name of insurance company or administrator
 UnitedHealth Group

2 FID number of insurance co. or administrator
 960000161

3 Name of subscriber
 PRAVEEN R TIMMAPURAM

4 Date of birth
 02SEP1979

5 Subscriber number
 00536608800536608800

6 Street address
 18 EQUESTRIAN LN

7 City/Town
 CHELMSFORD

8 State
 MA

9 Zip
 018243874

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
 ROOPA MANDADI

Date of birth
 07MAR1984

Subscriber number
 00536608800536608800

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

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:
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g. Name of dependent

Date of birth

Subscriber number

Full-year minimum creditable coverage? If No, check months with minimum creditable coverage: Corrected:
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h. Name of dependent

Date of birth

Subscriber number

Full-year minimum creditable coverage? If No, check months with minimum creditable coverage: Corrected:
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