

Return Service Requested

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5591 1 AV 0.471 10
KUNAL BADADE
30 PARKSIDE PL UNIT 507
MALDEN MA 02148-7874

MAL99E01 COM1
20230117 033888
20230120B0D J83C
Env [5.591] 1 of 1

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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 Anthem Blue Cross Blue Shield		2. FID number of insurance co. or administrator 390138065	
3. Name of subscriber KUNAL BADADE	4. Date of birth 1993-10-23	5. Subscriber number 495W0684710	
6. Street address 30 PARKSIDE PL UNIT 507	7. City/Town MALDEN	8. State MA	9. Zip 02148
Full-year minimum creditable coverage? If No, check months with minimum creditable coverage: Corrected:			
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Jan <input type="checkbox"/> Feb <input type="checkbox"/> Mar <input type="checkbox"/> Apr <input type="checkbox"/> May <input type="checkbox"/> Jun <input type="checkbox"/> Jul <input type="checkbox"/> Aug <input type="checkbox"/> Sep <input type="checkbox"/> Oct <input type="checkbox"/> Nov <input type="checkbox"/> Dec			