

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

**2022  
Massachusetts  
Department of  
Revenue**

Tracking #: 3985674T5 2 FID number of insurance co. or administrator  
 1 Name of insurance company or administrator

Tufts Associated Health Maintenance 04-2674079  
 3 Name of subscriber 4 Date of birth 5 Subscriber number  
LAKSHAY DEWAN 04/22/1993 992725134  
 6 Street address 7 City/Town 8 State 9 Zip

211 N WASHINGTON ST NORTH ATTLEBORO MA 027600000  
 Corrected:

Full-year minimum creditable coverage? If No, check months with minimum creditable coverage:  
 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:  
 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:  
 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:  
 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:  
 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:  
 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:  
 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:  
 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:  
 Yes  No  Jan.  Feb.  Mar.  Apr.  May  June  July  Aug.  Sept.  Oct.  Nov.  Dec.

Corrected: