



MA1099HC
PO Box 740800
Atlanta, GA 30374

DPS\$\$\$PKG
SWATHI PEDDI REDDY
37 ASHBURTON AVE
WOBURN MA 01801



February 12, 2024

Re: Corrected Form MA 1099-HC

Dear UnitedHealthcare Member,

Attached is a corrected Form MA 1099-HC. We are sending this form for one of the following reasons:

- You requested an update,
- You requested a replacement form or
- The employer who provides your medical benefits notified us of a change.

Please review the enclosed Form MA 1099-HC to make certain the information is accurate.

- If the information is correct, please keep this document with your 2023 tax documentation.
- **If the information on this form is incorrect, you must give the correct information to the employer who provides your medical plan benefits.** The employer will notify UnitedHealthcare and we will issue a corrected MA 1099-HC document. This process may take 30-45 days.

If your MA 1099-HC document indicates that you were NOT covered under a Minimum Creditable Coverage (MCC) compliant plan, please contact your employer to discuss. A non-MCC compliant plan does not mean you were not insured, it means that you were not covered on a plan that met the requirements set by MA.

The attached Form MA 1099-HC indicates whether or not the plan you were enrolled in was MCC compliant and what months you were covered. The tax document will list you, your spouse and any dependent over the age of 17. You may receive more than one Form MA 1099-HC if you were covered by other carriers or changed your name due to marriage.

Failure to provide the Form MA 1099-HC could result in a penalty assessed by the Massachusetts Department of Revenue.

The attached form, MA 1099-HC confirms you and your dependents, if applicable, were covered under a 2023 medical plan by one of the organizations listed below.

Harvard Pilgrim	UnitedHealthcare
Health Plan of Nevada	UnitedHealthcare-East
River Valley/John Deere	UnitedHealthcare-West
Sierra Health and Life	All Savers® Alternate Funding
Tufts Freedom Health Insurance Company	

For more information on this Massachusetts legislation, please visit **www.mass.gov** and enter Minimum Creditable Coverage in the search feature.

If you have other questions about the MA 1099-HC form or want to confirm changes were made to your records, please call the member phone number listed on the back of your health plan ID card.

Thank you,

UnitedHealthcare



Form MA 1099-HC
Individual Mandate
Massachusetts Health Care Coverage

2023
Massachusetts
Department of
Revenue

1 Name of insurance company or administrator
 UnitedHealth Group

2 FID number of insurance co. or administrator
 96000161

3 Name of subscriber
 SWATHI PEDDI REDDY

4 Date of birth
 30JAN1992

5 Subscriber number
 131840044131840044

6 Street address
 37 ASHBURTON AVE

7 City/Town
 WOBURN

8 State
 MA

9 Zip
 018010000

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. Y

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.

