BlueCross BlueShield of Illinois
PO Box 660603
Dallas, TX 75266-0603

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17206 1 AV 0.498 38
VINYAS MAIYA
2001 FALLS BLVD
APT 215
QUINCY MA 02169-8213

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

1. Name of insurance company or administrator		2. FID number of insurance co. or administrator	
BLUE CROSS AND BLUE SHIELD OF TX		361236610	
3. Name of subscriber	**4. Date of birth**	**5. Subscriber number**	
VINYAS MAIYA	1990-03-18	000832012821	
6. Street address	**7. City/Town**	**8. State**	**9. Zip**
2001 FALLS BLVD	QUINCY	MA	021698213

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
POOJA RAMESH	1995-09-05	000832012821

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.

b. Name of dependent	Date of birth	Subscriber number

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.

c. Name of dependent	Date of birth	Subscriber number

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.

d. Name of dependent	Date of birth	Subscriber number

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.

e. Name of dependent	Date of birth	Subscriber number

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.

f. Name of dependent	Date of birth	Subscriber number

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