

VINYAS MAIYA 2001 FALLS BLVD APT 215 QUINCY MA 02169-8213

պարժըգերիկիկիսեփիասկիկանկիկ

Form MA 1099-HC Indiv	Land Mandata-Massach	nusetts Health (Care Coverage	
Form MA 1099-HC Indiv	administrator	2. FID num	ber of insurance co. or	administrator
1. Name of insurance company or		361236	610	
BLUE CROSS AND BLUE	SHIELD OF TX		number	
3. Name of subscriber	4, Date of offile		į	
VINYAS MAIYA	1990-03-18	000832	012821 8. State	9. Zip
6. Street address	7. City/Town		o. State	
2001 FALLS BLVD	QUINCY	te fragt y y discourse y	MA	021698213 Corrected:
Full-year minimum creditable cover	rage? If No, check months with	n minimum creditable	coverage:	
X Yes □ No	☐ Jan. ☐ Feb. ☐ Mar. [☐ Apr. ☐ May ☐ Ju	ne 🗌 July 🗌 Aug. 🔲 Se	ept. Oct. Nov. Dec.
a. Name of dependent	Date of birth	Subscriber n	umber	
	1995-09-05	000832012	2821	
POOJA RAMESH Full-year minimum creditable cove	rage? If No, check months with	minimum creditable	coverage:	Corrected:
Yes □ No	☐ Jan. ☐ Feb. ☐ Mar. [☐ Apr. ☐ May ☐ Jui	ne□ July□ Aug. □ Se	pt. Oct. Nov. Dec.
	Date of birth	Subscriber nu		6
b. Name of dependent				
Full-year minimum creditable cove	rage? If No. check months with	minimum creditable	coverage:	Corrected:
Full-year minimum creditable cove			□ tutu□ Aug □ Ser	ot DOct DNov. Dec.
☐ Yes ☐ No	☐ Jan. ☐ Feb. ☐ Mar. L			ot. Oct. Nov. Dec.
c. Name of dependent	Date of birth	Subscriber nu	ımber	
*				Corrected:
Full-year minimum creditable cove	rage? If No, check months with	minimum creditable	coverage:	
☐ Yes ☐ No	☐ Jan. ☐ Feb. ☐ Mar. ☐	☐ Apr. ☐ May ☐ Jun	ae ☐ July ☐ Aug. ☐ Sep	t. Oct. Nov. Dec.
d. Name of dependent	Date of birth	Subscriber nu	mber	
Full-year minimum creditable cover	rage? If No, check months with	minimum creditable o	coverage:	Corrected:
☐ Yes ☐ No	☐ Jan. ☐ Feb. ☐ Mar. ☐			ot. Oct. Nov. Dec.
e. Name of dependent	Date of birth	Subscriber nu	mber	
c. Hame of depondent				
Full-year minimum creditable cover	rage? If No, check months with	minimum creditable c	coverage:	Corrected:
☐ Yes ☐ No	☐ Jan. ☐ Feb. ☐ Mar. ☐	Apr. May. Jun	e □ July □ Aug. □ Ser	ot. Oct. Nov. Dec.
f. Name of dependent	Date of birth	Subscriber nu	mber	
Full-year minimum creditable cover	age? If No, check months with o	creditable coverage:		Corrected:
☐ Yes ☐ No	☐ Jan. ☐ Feb. ☐ Mar. ☐	Apr. May. Jun	e 🗌 July 🗌 Aug. 🔲 Ser	ot. Oct. Nov. Dec.