

Anthem, Inc.  
1155 Elm Street  
Suite 200  
Manchester, NH 03101

**Important  
Tax  
Document**

00457

**Return Service Requested**



\*\*\*\*\*ALL FOR AADC 021  
2874 1 AB 0.547  
RAMESH BABU DAMARLA  
1418 MAIN ST APT 103  
TEWKSBURY MA 01876-4769

\*000435010101\*

***This is a corrected 1099HC and replaces any other 1099HC you may have received previously. We apologize for any inconvenience this may have caused.***



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

**2023**  
**Massachusetts**  
**Department of**  
**Revenue**

**1. Name of insurance company or administrator** Anthem Blue Cross (CA)  
**2. FID number of insurance co. or administrator** 954331852

**3. Name of subscriber** RAMESH BABU DAMARLA  
**4. Date of birth** 1984-06-21  
**5. Subscriber number** 651W1071110

**6. Street address** 1418 MAIN ST UNIT 103  
**7. City/Town** TEWKSBURY  
**8. State** MA  
**9. Zip** 01876

**Full-year minimum creditable coverage?** If No, check months with minimum creditable coverage: **Corrected:**  
 Yes  No  Jan  Feb  Mar  Apr  May  Jun  Jul  Aug  Sep  Oct  Nov  Dec **X**

**Name of dependent** HARSHA DAMARLA  
**Date of birth** 2017-12-06  
**Subscriber number** 651W1071151

**Full-year minimum creditable coverage?** If No, check months with minimum creditable coverage: **Corrected:**  
 Yes  No  Jan  Feb  Mar  Apr  May  Jun  Jul  Aug  Sep  Oct  Nov  Dec **X**

**Name of dependent** JAI DEV DAMARLA  
**Date of birth** 2015-02-17  
**Subscriber number** 651W1071150

**Full-year minimum creditable coverage?** If No, check months with minimum creditable coverage: **Corrected:**  
 Yes  No  Jan  Feb  Mar  Apr  May  Jun  Jul  Aug  Sep  Oct  Nov  Dec **X**

**Name of dependent** MADHAVI DAMARLA  
**Date of birth** 1992-04-26  
**Subscriber number** 651W1071140

**Full-year minimum creditable coverage?** If No, check months with minimum creditable coverage: **Corrected:**  
 Yes  No  Jan  Feb  Mar  Apr  May  Jun  Jul  Aug  Sep  Oct  Nov  Dec **X**