Form MA 1099-HC
Individual Mandate
Massachusetts Health Care Coverage

2023
Massachusetts Department of Revenue

Tracking #: 1071316T2

1 Name of insurance company or administrator: AETNA

2 FID number of insurance co. or administrator: 06-6033492

3 Name of subscriber: PRAVEEN VUYYURU

4 Date of birth: 08/11/1994

5 Subscriber number: 243023157

6 Street address: 375 ACORN PARK DR

7 City/Town: BELMONT

8 State: MA

9 Zip: 02478

Full-year minimum creditable coverage? If No, check months with minimum creditable coverage: Corrected:

[X] 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: 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.