



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

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KARTHEEK JAMPULA
 7 OCEAN VIEW DR
 APT 709
 BOSTON MA 02125-3545



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

KARTHEEK JAMPULA 1993-10-11 000808386625

6. Street address 7. City/Town 8. State 9. Zip

7 OCEAN VIEW DR BOSTON MA 021253545

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.

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 creditable coverage: Corrected:

Yes No Jan. Feb. Mar. Apr. May June July Aug. Sept. Oct. Nov. Dec.