2023 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	
Health Plans, Inc.		042734278	
3. Name of subscriber	4. Date of birth	5. Subscriber Number	
PRATAP K DESAI	01/10/1992	HHBA6105100	
6. Street address	7. City/Town	8. State	9. Zip
09923 285 PLANTATION STREET	WORCESTER	MA	01604

Full-year minimum creditable coverage?
☒ Yes ☐ No

If No, check months with minimum creditable coverage:
☐ Jan ☐ Feb ☐ Mar ☐ Apr ☐ May ☐ Jun ☐ Jul ☐ Aug ☐ Sep ☐ Oct ☐ Nov ☐ Dec

Corrected: ☐