



MA1099HC
PO Box 740800
Atlanta, GA 30374

DPS\$\$\$PKG
SURESH KARUPPAIAH MUTHURAMA
49 ROYAL CREST DR APT 6
NORTH ANDOVER MA 01845-6572



January 9, 2024

Dear UnitedHealthcare Member,

As part of the 2006 Massachusetts Health Care Reform Bill, as of 2010, all Massachusetts residents 18 years and older are required to be covered by a Minimum Creditable Coverage (MCC) health insurance plan. This legislation is part of a larger Massachusetts plan to reduce the number of people without health insurance and improve the cost and quality of health care.

The attached Form MA 1099-HC indicates whether or not the plan you were enrolled in was Minimum Creditable Coverage (MCC) compliant and what months you were covered. The tax document will list you, your spouse and any dependent over the age of 17. You may receive more than one Form MA 1099-HC if you were covered by other carriers or changed your name due to marriage. Failure to provide the Form MA 1099-HC could result in a penalty assessed by the Massachusetts Department of Revenue.

The attached Form MA 1099-HC confirms you and your dependents, if applicable, were covered under a 2023 medical plan by one of the organizations listed below:

- | | |
|--|-------------------------------|
| Harvard Pilgrim | UnitedHealthcare |
| Health Plan of Nevada | UnitedHealthcare-East |
| River Valley/John Deere | UnitedHealthcare-West |
| Sierra Health and Life | All Savers® Alternate Funding |
| Tufts Freedom Health Insurance Company | |

Please review the attached Form MA 1099-HC and verify the information is correct.

- If the information is correct, please keep this document with your 2023 tax documentation.

- **If the information on this form is incorrect, you must give the correct information to the employer who provides your medical plan benefits.** The employer will notify UnitedHealthcare and we will issue a corrected Form MA 1099-HC. This process may take 30-45 days.
- **If your MA 1099-HC document indicates that you were NOT covered under a MCC compliant plan, please contact your employer to discuss.** A non-MCC compliant plan does not mean you were not insured, it means that you were not covered on a plan that met the requirements set by Massachusetts Department of Revenue.

For more information on this Massachusetts legislation, please visit **www.mass.gov** and enter Minimum Creditable Coverage in the search feature.

If you have other questions about the Form MA 1099-HC or want to confirm changes were made to your records, please call the member phone number listed on the back of your health plan ID card.

Thank you,

UnitedHealthcare



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

2023
Massachusetts
Department of
Revenue

1 Name of insurance company or administrator
UnitedHealth Group

2 FID number of insurance co. or administrator
960000161

3 Name of subscriber
SURESH KARUPPAIAH MUTHURAMA

4 Date of birth
09OCT1979

5 Subscriber number
00040106975980396765

6 Street address
49 ROYAL CREST DRIVE APT 6

7 City/Town
NORTH ANDOVER

8 State
MA

9 Zip
018450000

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. N

a. Name of dependent
GAYATHRI GIRIDHARAN

Date of birth
07JUN1980

Subscriber number
00040106975980396765

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. N

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.

