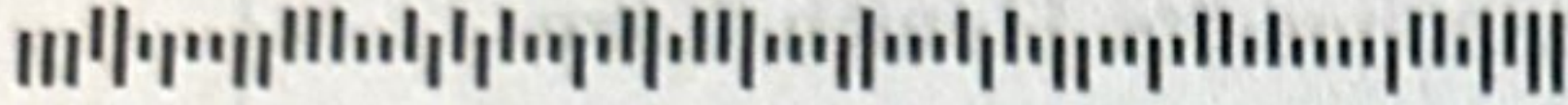




BlueCross BlueShield of Illinois
 PO Box 660603
 Dallas, TX 75266-0603

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HARSH RAGADWALA
 99 WASHINGTON ST
 UNIT 224
 MELROSE MA 02176-6014



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 IL 361236610

3. Name of subscriber 4. Date of birth 5. Subscriber number

HARSH RAGADWALA 1998-02-11 000809694786

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

99 WASHINGTON ST MELROSE MA 021766014

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.

**Very Important information included --
"Form MA 1099-HC -- Individual Mandate Massachusetts Health Care
Coverage" information for your
2023 Massachusetts income tax return**

Date 01/31/2024

Dear Blue Cross and Blue Shield of Illinois (BCBSIL) Subscriber:

According to our records, you or one of your dependents reside in the Commonwealth of Massachusetts. In 2006, Massachusetts enacted a law, the Massachusetts Health Care Reform Act (MHCRA) which requires Massachusetts residents age 18 and over (with some exceptions) to obtain and maintain health insurance that provides a required minimum level of health insurance benefits (Minimum Creditable Coverage).

Failure to meet this requirement in 2023 may result in a penalty for each month of the year in which the individual does not have such coverage. The penalties, which will be imposed through the individual's personal income tax return, shall not exceed 50% of the minimum monthly insurance premium for which an individual would have qualified through the Commonwealth Health Insurance Connector Authority.

When filing their 2023 annual state income tax return, Massachusetts residents must complete "Schedule HC Health Care Information" to report whether they have health plans that meet Minimum Creditable Coverage requirements.

The reverse side of this letter shows MA 1099-HC -- Individual Mandate Massachusetts Health Care Coverage information about your BCBSIL health insurance coverage during 2023. Please include this information as instructed for Schedule HC or provide this letter to your tax preparer. The letter should be attached to Schedule HC and a copy retained as part of your Massachusetts income tax records.

As our subscriber, BCBSIL is providing this information to you. Copies are not being provided to your dependents. If you need additional copies of this letter, please contact us at the number on the back of your BCBSIL identification card. BCBSIL will also be providing this information to the Massachusetts Department of Revenue in accordance with the MHCRA, and may provide this information to your employer if you are covered under a group health plan.

Please note that this is merely a summary of the requirements described and is not legal or tax advice. Authoritative information about the MHCRA is available online at www.mass.gov. If you have questions concerning your specific situation, please consult your legal tax advisor.