

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

**2023  
Massachusetts  
Department of  
Revenue**

Tracking #: 1138999T4  
1 Name of insurance company or administrator 2 FID number of insurance co. or administrator

AETNA 06-6033492  
3 Name of subscriber 4 Date of birth 5 Subscriber number  
PRAKHAR VIKAS AGRAWAL 10/10/1996 266794731  
6 Street address 7 City/Town 8 State 9 Zip

2000 PRESIDENTS WAY DEDHAM MA 02026  
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 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.