



Form MA 1099-HC Individual Mandate Massachusetts Health Care Coverage

2023
Massachusetts
Department of
Revenue

1. Name of insurance company or administrator HPHC Insurance Company		2. FID number of insurance co. or administrator 043149694		
3. Name of subscriber Debolina Ganguly		4. Date of birth 1993-09-16	5. Subscriber number HP613241900	
6. Street address 160 Cambridge Park Dr, Unit #431		7. City/Town Cambridge	8. State MA	9. Zip 02140
Full-year minimum creditable coverage? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If No, check months with minimum creditable coverage: <input type="checkbox"/> Jan. <input checked="" type="checkbox"/> Feb. <input checked="" type="checkbox"/> Mar. <input checked="" type="checkbox"/> Apr. <input checked="" type="checkbox"/> May <input checked="" type="checkbox"/> June <input checked="" type="checkbox"/> July <input checked="" type="checkbox"/> Aug. <input checked="" type="checkbox"/> Sept. <input checked="" type="checkbox"/> Oct. <input checked="" type="checkbox"/> Nov. <input checked="" type="checkbox"/> Dec.		
		Corrected:		