50426

Anthem, Inc.
1155 Elm Street
Suite 200
Manchester, NH 03101

**Important Tax Document**

**Return Service Requested**

MAL99E01 COM2 20240123B00 J112
20240119 049875 Env [37,631] 1 of 1

**********SCH 5-DIGIT 01527
37631 1 AV 0.507 65
HEMADRI LEKKALA
82 BUTTERCUP LN
SOUTH GRAFTON MA 01560-1257

*0498750101*

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

**2023**
Massachusetts Department of Revenue

| 1. Name of insurance company or administrator | 2. FID number of insurance co. or administrator |
|---|---|
| Anthem Blue Cross Blue Shield | 350781558 |

| 3. Name of subscriber | 4. Date of birth | 5. Subscriber number |
|---|---|---|
| HEMADRI LEKKALA | 1974-04-29 | 363W1006310 |

| 6. Street address | 7. City/Town | 8. State | 9. Zip |
|---|---|---|---|
| 82 BUTTERCUP LN | SOUTH GRAFTON | MA | 01560 |

**Full-year minimum creditable coverage? If No, check months with minimum creditable coverage: Corrected:**

☒ Yes ☐ No ☐ Jan ☐ Feb ☐ Mar ☐ Apr ☐ May ☐ Jun ☐ Jul ☐ Aug ☐ Sep ☐ Oct ☐ Nov ☐ Dec

| Name of dependent | Date of birth | Subscriber number |
|---|---|---|
| CHAYAN CHOWD LEKKALA | 2012-10-02 | 363W1006350 |

**Full-year minimum creditable coverage? If No, check months with minimum creditable coverage: Corrected:**

☒ Yes ☐ No ☐ Jan ☐ Feb ☐ Mar ☐ Apr ☐ May ☐ Jun ☐ Jul ☐ Aug ☐ Sep ☐ Oct ☐ Nov ☐ Dec

| Name of dependent | Date of birth | Subscriber number |
|---|---|---|
| TULYA CHOWDH LEKKALA | 2017-05-10 | 363W1006370 |

**Full-year minimum creditable coverage? If No, check months with minimum creditable coverage: Corrected:**

☒ Yes ☐ No ☐ Jan ☐ Feb ☐ Mar ☐ Apr ☐ May ☐ Jun ☐ Jul ☐ Aug ☐ Sep ☐ Oct ☐ Nov ☐ Dec

| Name of dependent | Date of birth | Subscriber number |
|---|---|---|
| VASUDHA CHERUKOORU | 1980-06-13 | 363W1006340 |

**Full-year minimum creditable coverage? If No, check months with minimum creditable coverage: Corrected:**

☒ Yes ☐ No ☐ Jan ☐ Feb ☐ Mar ☐ Apr ☐ May ☐ Jun ☐ Jul ☐ Aug ☐ Sep ☐ Oct ☐ Nov ☐ Dec