

2023 Form MA 1099-HC Individual Mandate — Massachusetts Health Care Coverage

1 Name of Insurance company or administrator  
Blue Cross Blue Shield of Massachusetts

2 FID number of Insurance co. or administrator  
04-1045815

3 Name of subscriber  
MANJUNATH SHENOY

4 Date of birth  
04-27-1982

5 Subscriber number  
9671257000000

6 Street address  
7 SHIRLEY AVE

7 City/Town  
NORTON

8 State  
MA

9 Zip  
02766

Full-year minimum creditable coverage? If No, check months with minimum creditable coverage:  
 Yes  No  Jan.  Feb.  Mar.  Apr.  May  June  July  Aug.  Sept.  Oct.  Nov.  Dec. Corrected:

a. Name of dependent  
AMANDA SHENOY

Date of birth  
05-10-1985

Subscriber number  
9671257000001

Full-year minimum creditable coverage? If No, check months with minimum creditable coverage:  
 Yes  No  Jan.  Feb.  Mar.  Apr.  May  June  July  Aug.  Sept.  Oct.  Nov.  Dec. Corrected:

b. Name of dependent  
AVA SHENOY

Date of birth  
07-01-2012

Subscriber number  
9671257000002

Full-year minimum creditable coverage? If No, check months with minimum creditable coverage:  
 Yes  No  Jan.  Feb.  Mar.  Apr.  May  June  July  Aug.  Sept.  Oct.  Nov.  Dec. Corrected:

c. Name of dependent  
AMEERA SHENOY

Date of birth  
03-27-2015

Subscriber number  
9671257000003

Full-year minimum creditable coverage? If No, check months with minimum creditable coverage:  
 Yes  No  Jan.  Feb.  Mar.  Apr.  May  June  July  Aug.  Sept.  Oct.  Nov.  Dec. Corrected:

d. Name of dependent  
ANNORA SHENOY

Date of birth  
11-12-2017

Subscriber number  
9671257000004

Full-year minimum creditable coverage? If No, check months with minimum creditable coverage:  
 Yes  No  Jan.  Feb.  Mar.  Apr.  May  June  July  Aug.  Sept.  Oct.  Nov.  Dec. Corrected:

e. Name of dependent

Date of birth

Subscriber number

Full-year minimum creditable coverage? If No, check months with minimum creditable coverage:  
 Yes  No  Jan.  Feb.  Mar.  Apr.  May  June  July  Aug.  Sept.  Oct.  Nov.  Dec. Corrected:

f. Name of dependent

Date of birth

Subscriber number

Full-year minimum creditable coverage? If No, check months with minimum creditable coverage:  
 Yes  No  Jan.  Feb.  Mar.  Apr.  May  June  July  Aug.  Sept.  Oct.  Nov.  Dec. Corrected:

g. Name of dependent

Date of birth

Subscriber number

Full-year minimum creditable coverage? If No, check months with minimum creditable coverage:  
 Yes  No  Jan.  Feb.  Mar.  Apr.  May  June  July  Aug.  Sept.  Oct.  Nov.  Dec. Corrected:

h. Name of dependent

Date of birth

Subscriber number

Full-year minimum creditable coverage? If No, check months with minimum creditable coverage:  
 Yes  No  Jan.  Feb.  Mar.  Apr.  May  June  July  Aug.  Sept.  Oct.  Nov.  Dec. Corrected:

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