



2017 Tax Year 1099-HC Form For Reporting Massachusetts Health Care Coverage

02/06/2018

Suresh Kumar Akkemgari
1027 Southern Artery
Apt 507
Quincy, MA 02169

Dear Subscriber:

Massachusetts Health Care Reform law requires state residents to report on their health care coverage when filing their Massachusetts income tax return. **The 1099-HC form on the back of this notice provides you with information to help you prepare the required reporting form.**

When you file your Massachusetts income tax return, you will need to complete a form known as **Schedule HC**, which you should obtain along with other state income tax forms (Harvard Pilgrim does not have tax forms to distribute). The information from the 1099-HC form on the reverse side of this notice indicates the Minimum Creditable Coverage you had in 2017, and will allow you to complete Schedule HC for yourself and any dependents. If you had coverage in 2017 with any other insurance carriers, you should expect to receive a 1099-HC form from those carriers as well.

If you and any dependents had Minimum Creditable Coverage for the full year in 2017, the "Full-year Minimum Creditable Coverage" box will be checked on the 1099-HC form. If you and any dependents didn't have Minimum Creditable Coverage for the full year, a checkmark will appear for each month you and any dependents had Minimum Creditable Coverage for 15 days or more in that month. There is a grace period of 63 consecutive days in which you or any dependents may be uninsured without incurring tax penalties set by the Massachusetts Department of Revenue.

Employers generally have up to 60 days to notify us of enrollment changes. As a result, we may not have current enrollment information on members enrolled through employer groups. If a change affects your monthly coverage as noted on your 1099-HC form, we will send you a corrected form.

If you have any questions on your responsibility to complete and file Schedule HC with your state income tax, please contact your tax advisor or visit www.harvardpilgrim.org/1099 to access a link to the Massachusetts Department of Revenue's Web site.

If you misplace your 1099-HC form or need an additional copy, beginning February 1, 2018, you can easily and securely print your most recent 1099-HC form using our **self-service 1099-HC print tool**, available at www.harvardpilgrim.org/1099. To ensure security, you'll be asked to enter your name, date of birth and your subscriber ID from your Harvard Pilgrim card.

Note: If you are filing a hard copy (paper) income tax return, please include the 1099-HC form in your tax return mailing and keep a copy for your records.

If you have any questions about your 1099-HC form, please call the Member Services department at (888) 333-4742. For TTY service, please call 711.

PLEASE NOTE: YOUR 1099-HC FORM IS ON THE REVERSE SIDE OF THIS DOCUMENT.



Form MA 1099-HC
Individual Mandate
Massachusetts Health Care Coverage

2017
Massachusetts
Department of
Revenue

1. Name of insurance company or administrator Harvard Pilgrim Health Care, Inc.		2. FID number of insurance co. or administrator 042452600			
3. Name of subscriber Suresh Kumar Akkengari		4. Date of birth 1981-08-19	5. Subscriber number HPP74828200		
6. Street address 1027 Southern Artery Apt 507		7. City/Town Quincy	8. State MA	9. Zip 02169	
Full-year minimum creditable coverage? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If No, check months with minimum creditable coverage: <input checked="" 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 type="checkbox"/> Oct. <input type="checkbox"/> Nov. <input type="checkbox"/> Dec.			Corrected:
a. Name of dependent VENKATA L MATHIREDDY		Date of birth 1985-04-26	Subscriber number HPP74828201		
Full-year minimum creditable coverage? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If No, check months with minimum creditable coverage: <input checked="" 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 type="checkbox"/> Oct. <input type="checkbox"/> Nov. <input type="checkbox"/> Dec.			Corrected:
b. Name of dependent VENYA AKKEMGARI		Date of birth 2012-11-02	Subscriber number HPP74828202		
Full-year minimum creditable coverage? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If No, check months with minimum creditable coverage: <input checked="" 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 type="checkbox"/> Oct. <input type="checkbox"/> Nov. <input type="checkbox"/> Dec.			Corrected: