



Form MA 1099-HC  
Individual Mandate  
Massachusetts Health Care Coverage

2017  
Massachusetts  
Department of  
Revenue

1 Name of insurance company or administrator United HealthCare Service		2 FID number of insurance co. or administrator 411289245	
3 Name of subscriber VENKATA R SRIKAKULA		4 Date of birth 1990-05-31	5 Subscriber number 00540069300540069300
6 Street address 99 FLORANCE ST 408		7 City/Town MALDEN	8 State MA
		9 Zip 02148-0000	
Full-year minimum creditable coverage? If No, check months with minimum creditable coverage:			Corrected:
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Jan. <input type="checkbox"/> Feb. <input type="checkbox"/> Mar. <input type="checkbox"/> Apr. <input type="checkbox"/> May <input type="checkbox"/> June <input checked="" type="checkbox"/> July <input checked="" type="checkbox"/> Aug. <input checked="" type="checkbox"/> Sept. <input checked="" type="checkbox"/> Oct. <input type="checkbox"/> Nov. <input type="checkbox"/> Dec.			N
a. Name of dependent	Date of birth	Subscriber number	
Full-year minimum creditable coverage? If No, check months with minimum creditable coverage:			Corrected:
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Jan. <input type="checkbox"/> Feb. <input type="checkbox"/> Mar. <input type="checkbox"/> Apr. <input type="checkbox"/> May <input type="checkbox"/> June <input type="checkbox"/> July <input type="checkbox"/> Aug. <input type="checkbox"/> Sept. <input type="checkbox"/> Oct. <input type="checkbox"/> Nov. <input type="checkbox"/> Dec.			
b. Name of dependent	Date of birth	Subscriber number	
Full-year minimum creditable coverage? If No, check months with minimum creditable coverage:			Corrected:
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Jan. <input type="checkbox"/> Feb. <input type="checkbox"/> Mar. <input type="checkbox"/> Apr. <input type="checkbox"/> May <input type="checkbox"/> June <input type="checkbox"/> July <input type="checkbox"/> Aug. <input type="checkbox"/> Sept. <input type="checkbox"/> Oct. <input type="checkbox"/> Nov. <input type="checkbox"/> Dec.			
c. Name of dependent	Date of birth	Subscriber number	
Full-year minimum creditable coverage? If No, check months with minimum creditable coverage:			Corrected:
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d. Name of dependent	Date of birth	Subscriber number	
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f. Name of dependent	Date of birth	Subscriber number	
Full-year minimum creditable coverage? If No, check months with minimum creditable coverage:			Corrected:
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g. Name of dependent	Date of birth	Subscriber number	
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h. Name of dependent	Date of birth	Subscriber number	
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