

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

**2017  
Massachusetts  
Department of  
Revenue**

Tracking #: 331986T1

1 Name of insurance company or administrator 2 FID number of insurance co. or administrator

AETNA 06-6033492  
3 Name of subscriber 4 Date of birth 5 Subscriber number

LEO SEEMA GASPAR 01/04/1981 156323918  
6 Street address 7 City/Town 8 State 9 Zip

21 DUNCANNON AVE WORCESTER MA 016045137

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

a. Name of dependent Date of birth Subscriber number

DANEL VILF JAYACHANDRAN 04/08/2011 235358132

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

b. Name of dependent Date of birth Subscriber number

DARREN BEN JAYACHANDRAN 11/06/2014 235358133

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

c. Name of dependent Date of birth Subscriber number

JAYACHANDR KANDASAMY 08/06/1978 235358134

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

d. Name of dependent Date of birth Subscriber number

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

e. Name of dependent Date of birth Subscriber number

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

f. Name of dependent Date of birth Subscriber number

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

g. Name of dependent Date of birth Subscriber number

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

h. Name of dependent Date of birth Subscriber number

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