

MA Compliance
PO Box 3050
Easton, PA 18043-3050



January 19, 2019

GOURAV BHATTACHARYA
995 SOUTHERN ARTERY
APT 303
QUINCY MA 02169-8400

Re: IMPORTANT TAX INFORMATION - Massachusetts 1099-HC Form
Account: 3336239 SILV2

Dear GOURAV BHATTACHARYA,

This MA 1099-HC form (see reverse side) serves as a written statement of health insurance coverage provided to you and your family. It is being issued in accordance with Massachusetts Health Care Reform Creditable Coverage legislation, Ch. 324 MGL Sec. 11 8B, and its information should be used in filing your state tax return. For further information, please contact the Massachusetts Department of Revenue at <http://www.mass.gov/dor> or your tax advisor. If you have any questions, you may contact your employer or call 1.800.898.8969.

If you are filing a paper return, please attach a copy of this 1099 HC form to your tax return.



Form MA 1099-HC
Individual Mandate
Massachusetts Health Care Coverage

2018

Massachusetts
Department of
Revenue

1 Name of insurance company or administrator Cognizant Technology Solutions		2 FID number of insurance co. or administrator 133924155			
3 Name of subscriber GOURAV BHATTACHARYA	4 Date of birth 04/04/1991	5 Subscriber number 00000000369510101			
6 Street address 995 SOUTHERN ARTERY APT 303	7 City/Town QUINCY	8 State MA	9 Zip 02169		
Full Year Coverage? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If No, check months covered: <input checked="" type="checkbox"/> Jan. <input checked="" type="checkbox"/> Feb. <input type="checkbox"/> Mar. <input type="checkbox"/> Apr. <input type="checkbox"/> May. <input type="checkbox"/> Jun. <input type="checkbox"/> Jul. <input type="checkbox"/> Aug. <input type="checkbox"/> Sep. <input type="checkbox"/> Oct. <input type="checkbox"/> Nov. <input type="checkbox"/> Dec.				Corrected: <input type="checkbox"/>