



Form MA 1099-HC
Individual Mandate
Massachusetts Health Care Coverage

2017
Massachusetts
Department of
Revenue

1 Name of insurance company or administrator
United-Health Group

2 FID number of insurance co. or administrator
960000161

3 Name of subscriber
MAHESH KUMAR NANJAPPA

4 Date of birth
1982-02-13

5 Subscriber number
00807479797685814329

6 Street address
1047 SOUTHERN ARTERY APT 606

7 City/Town
QUINCY

8 State
MA

9 Zip
02169-0000

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. N

a. Name of dependent
ARUNA NARAYANASWAMY

Date of birth
1989-08-25

Subscriber number
00807479797685814329

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. N

b. 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.

c. 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.

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.