



MASSACHUSETTS

Please Do Not Discard | Form MA 1099-HC
Important 2018 Tax and Health Care Coverage Documentation on Reverse Side

JANUARY 2019

50000-00590957 18/362 020573
SURESH KUMAR MYLAM
250 KENNEDY DR APT 307
MALDEN MA 02148-3317

Massachusetts' health care reform law requires most residents, 18 years of age and older, to have health coverage that meets the minimum creditable coverage (MCC) standards set by the Commonwealth Health Insurance Connector.

Your Blue Cross Blue Shield of Massachusetts health plan meets these minimum creditable coverage standards. The 2018 Form MA 1099-HC on the reverse of this page identifies which months out of the year you had this health coverage through Blue Cross Blue Shield of Massachusetts. If you were covered through Blue Cross Blue Shield of Massachusetts for all 12 months of the tax year, the Full-Year Coverage box is checked off.

If you were covered through Blue Cross Blue Shield of Massachusetts for less than 12 months, only those months that you or a dependent on your policy had 15 or more days of health coverage in a given month will have a check in the appropriate month's box.

Please refer to the 2018 Massachusetts Department of Revenue Filing instructions or visit www.mass.gov/dor for specific instructions on how to transfer this information to your MA Schedule HC for your 2018 tax filing.

Note: Any of your dependents who will be filing a separate 2018 state tax return will need this information to complete their filing. The 2018 Form MA 1099-HC on the back of this notice may be photocopied. You do not need to contact Blue Cross Blue Shield of Massachusetts to request additional forms.

Por favor no destruya esta información | Forma MA 1099-HC

Para obtener información en español referente a la forma 1099-HC, por favor llame al número de servicio al cliente impreso en la parte delantera de su tarjeta de identificación. Nuestros representantes están disponibles para proveer esta información en español.

For More Information

- Visit the Blue Cross Blue Shield Of Massachusetts website at www.bluecrossma.com/1099HC or call the toll-free telephone number on your member ID card.
- Visit the Connector website at www.mahealthconnector.org or call **1-877-MA-ENROLL (1-877-623-6765)**.



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2018 Form MA 1099-HC Individual Mandate — Massachusetts Health Care Coverage

1 Name of Insurance company or administrator Blue Cross Blue Shield of Massachusetts			2 FID number of Insurance co. or administrator 96000061		
3 Name of subscriber SURESH KUMAR MYLAM		4 Date of birth 06-05-1989	5 Subscriber number 9609505420000		
6 Street address 250 KENNEDY DR 307		7 City/Town MALDEN		8 State MA	9 Zip 02148

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 MUNEETHA REDDY MUPPALLA		Date of birth 06-03-1993	Subscriber number 9609505420001		
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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 ADVIK REDDY MYLAM		Date of birth 11-26-2018	Subscriber number 9609505420002		
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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		
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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		
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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		
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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		
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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		
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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		
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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.

Blue Cross Blue Shield of Massachusetts complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, sex, sexual orientation or gender identity.



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ATTENTION: If you don't speak English, language assistance services, free of charge, are available to you. Call Member Service at the number on your ID Card (TTY: 711).

Spanish/Español: **ATENCIÓN:** Si habla español, tiene a su disposición servicios gratuitos de asistencia con el idioma. Llame al número de Servicio al Cliente que figura en su tarjeta de identificación (TTY: 711).

Portuguese/Português: **ATENÇÃO:** Se fala português, são-lhe disponibilizados gratuitamente serviços de assistência de idiomas. Telefone para os Serviços aos Membros, através do número no seu cartão ID (TTY: 711).