



Form MA 1099-HC Individual Mandate Massachusetts Health Care Coverage

2018
Massachusetts
Department of
Revenue

1. Name of insurance company or administrator
Raas Infotek, LLC

2. FID number of insurance co. or administrator
27-3424022

3. Name of subscriber
SATISH KUMAR MARLA

4. Date of birth
08/20/1983

5. Subscriber number

6. Street address
2001 Falls Blvd, Apt 451,

7. City/Town
Quincy

8. State
MA

9. Zip
02169

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
VENKATA SWETHA MARTI

Date of birth
12/31/1986

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.

b. Name of dependent
V SAI ABHIRAM MARLA

Date of birth
01/23/2016

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
ANAYA SAHASRA MARLA

Date of birth
11/17/2018

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.