

Form MA 1099-HC  
Individual Mandate  
Massachusetts Health Care Coverage

Tracking #: 363060T3  
1 Name of insurance company or administrator  
2 FID number of insurance co. or administrator

AETNA  
3 Name of subscriber  
4 Date of birth  
5 Subscriber number  
6 Street address  
7 City/Town  
8 State  
9 Zip

06-6033492  
10/12/1985  
221231182  
MA  
021884138  
Corrected:  
512 BROAD ST  
WEYMOUTH  
Full-year minimum creditable coverage? If No, check months with minimum creditable coverage:  
 Yes  No  Jan.  Feb.  Mar.  Apr.  May  June  July  Aug.  Sept.  Oct.  Nov.  Dec.  
Subscriber number

a. Name of dependent  
Date of birth  
221162330  
Corrected:  
GUHAN RAJESH  
08/31/2013  
Full-year minimum creditable coverage? If No, check months with minimum creditable coverage:  
 Yes  No  Jan.  Feb.  Mar.  Apr.  May  June  July  Aug.  Sept.  Oct.  Nov.  Dec.  
Subscriber number

b. Name of dependent  
Date of birth  
221162333  
Corrected:  
KARPAGAM CHELLIAH  
06/03/1987  
Full-year minimum creditable coverage? If No, check months with minimum creditable coverage:  
 Yes  No  Jan.  Feb.  Mar.  Apr.  May  June  July  Aug.  Sept.  Oct.  Nov.  Dec.  
Subscriber number

c. Name of dependent  
Date of birth  
235122642  
Corrected:  
YUGAN RAJESH  
06/17/2016  
Full-year minimum creditable coverage? If No, check months with minimum creditable coverage:  
 Yes  No  Jan.  Feb.  Mar.  Apr.  May  June  July  Aug.  Sept.  Oct.  Nov.  Dec.  
Subscriber number

d. Name of dependent  
Date of birth  
Corrected:  
Full-year minimum creditable coverage? If No, check months with minimum creditable coverage:  
 Yes  No  Jan.  Feb.  Mar.  Apr.  May  June  July  Aug.  Sept.  Oct.  Nov.  Dec.  
Subscriber number

e. Name of dependent  
Date of birth  
Corrected:  
Full-year minimum creditable coverage? If No, check months with minimum creditable coverage:  
 Yes  No  Jan.  Feb.  Mar.  Apr.  May  June  July  Aug.  Sept.  Oct.  Nov.  Dec.  
Subscriber number

f. Name of dependent  
Date of birth  
Corrected:  
Full-year minimum creditable coverage? If No, check months with minimum creditable coverage:  
 Yes  No  Jan.  Feb.  Mar.  Apr.  May  June  July  Aug.  Sept.  Oct.  Nov.  Dec.  
Subscriber number

g. Name of dependent  
Date of birth  
Corrected:  
Full-year minimum creditable coverage? If No, check months with minimum creditable coverage:  
 Yes  No  Jan.  Feb.  Mar.  Apr.  May  June  July  Aug.  Sept.  Oct.  Nov.  Dec.  
Subscriber number

h. Name of dependent  
Date of birth  
Corrected:  
Full-year minimum creditable coverage? If No, check months with minimum creditable coverage:  
 Yes  No  Jan.  Feb.  Mar.  Apr.  May  June  July  Aug.  Sept.  Oct.  Nov.  Dec.  
Subscriber number

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