



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 SURESH KUMAR, MYLAM 4. Date of birth 06/05/1989 5. Subscriber number 09391650221218313632

6. Street address 1015 Southern Asteray, Apt 307 Quincy 7. City/Town MA 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 MUNEETHA REDDY, MUPPALLA Date of birth 06/03/1993 Subscriber number 09391650221218313632

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 _____ 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.