

MAHESH KUMAR NANJAPPA

Monday, March 12, 2018
12:50 PM

UnitedHealthcare
MA 1099HC
PO Box 740800
Atlanta, GA 30374



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MAHESH KUMAR NANJAPPA
88 QUEEN ANNE S COURT APT 24
WEYMOUTH, MA 02189-0000

Dear UnitedHealthcare Member,

As part of the 2006 Massachusetts Health Care Reform Bill, as of 2010, all Massachusetts residents 18 years and older are required to be covered by a Minimum Creditable Coverage (MCC) health insurance plan. This legislation is part of a larger Massachusetts plan to reduce the number of people without health insurance and improve the cost and quality of health care.

The attached Form MA 1099-HC indicates whether or not the plan you were enrolled in was Minimum Creditable Coverage (MCC) compliant and what months you were covered. The tax document will list you, your spouse and any dependent over the age of 17. You may receive more than one Form MA 1099-HC if you were covered by other carriers or changed your name due to marriage. Failure to provide the Form MA 1099-HC could result in a penalty assessed by the Massachusetts Department of Revenue.

The attached Form MA 1099-HC confirms you and your dependents, if applicable, were covered under a 2017 medical plan by one of the organizations listed below:

Harvard Pilgrim	UnitedHealthcare
Health Plan of Nevada	UnitedHealthcare-East
River Valley/John Deere	UnitedHealthcare-West
Sierra Health and Life	UMR

Please review the attached Form MA 1099-HC and verify the information is correct.

- If the information is correct, please keep this document with your 2017 tax documentation.
- **If the information on this form is incorrect, you must give the correct information to the employer who provides your medical plan benefits.** The employer will notify UnitedHealthcare and we will issue a corrected Form MA 1099-HC. This process may take 30-45 days.
- **If your MA 1099-HC document indicates that you were NOT covered under a MCC compliant plan, please contact your employer to discuss.** A non-MCC compliant plan does not mean you were not insured, it means that you were not covered on a plan that met the requirements set by Massachusetts Department of Revenue.

For more information on this Massachusetts legislation, please visit www.mass.gov and enter Minimum Creditable Coverage in the search feature.

If you have other questions about the Form MA 1099-HC or want to confirm changes were made to your records, please call the member phone number listed on the back of your health plan ID card.

Thank you,

UnitedHealthcare





Form MA 1099-HC
Individual Mandate
Massachusetts Health Care Coverage

2017
Massachusetts
Department of
Revenue

1 Name of insurance company or administrator UnitedHealth 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 00913549469685814329
6 Street address 88 QUEEN ANNE S COURT APT 24		7 City/Town WEYMOUTH	8 State MA
			9 Zip 02189-0000
Full-year minimum creditable coverage? If No, check months with minimum creditable coverage: Corrected:			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Jan. <input type="checkbox"/> Feb. <input type="checkbox"/> Mar. <input type="checkbox"/> Apr. <input type="checkbox"/> May <input type="checkbox"/> June <input type="checkbox"/> July <input type="checkbox"/> Aug. <input type="checkbox"/> Sept. <input checked="" type="checkbox"/> Oct. <input checked="" type="checkbox"/> Nov. <input checked="" type="checkbox"/> Dec. N			
a. Name of dependent ARUNA NARAYANASWAMY		Date of birth 1989-08-25	Subscriber number 00913549469685814329
Full-year minimum creditable coverage? If No, check months with minimum creditable coverage: Corrected:			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Jan. <input type="checkbox"/> Feb. <input type="checkbox"/> Mar. <input type="checkbox"/> Apr. <input type="checkbox"/> May <input type="checkbox"/> June <input type="checkbox"/> July <input type="checkbox"/> Aug. <input type="checkbox"/> Sept. <input checked="" type="checkbox"/> Oct. <input checked="" type="checkbox"/> Nov. <input checked="" type="checkbox"/> 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:			
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Jan. <input type="checkbox"/> Feb. <input type="checkbox"/> Mar. <input type="checkbox"/> Apr. <input type="checkbox"/> May <input type="checkbox"/> June <input type="checkbox"/> July <input type="checkbox"/> Aug. <input type="checkbox"/> Sept. <input type="checkbox"/> Oct. <input type="checkbox"/> Nov. <input type="checkbox"/> Dec.			
c. Name of dependent		Date of birth	Subscriber number
Full-year minimum creditable coverage? If No, check months with minimum creditable coverage: Corrected:			
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Jan. <input type="checkbox"/> Feb. <input type="checkbox"/> Mar. <input type="checkbox"/> Apr. <input type="checkbox"/> May <input type="checkbox"/> June <input type="checkbox"/> July <input type="checkbox"/> Aug. <input type="checkbox"/> Sept. <input type="checkbox"/> Oct. <input type="checkbox"/> Nov. <input type="checkbox"/> Dec.			
d. Name of dependent		Date of birth	Subscriber number
Full-year minimum creditable coverage? If No, check months with minimum creditable coverage: Corrected:			
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Jan. <input type="checkbox"/> Feb. <input type="checkbox"/> Mar. <input type="checkbox"/> Apr. <input type="checkbox"/> May <input type="checkbox"/> June <input type="checkbox"/> July <input type="checkbox"/> Aug. <input type="checkbox"/> Sept. <input type="checkbox"/> Oct. <input type="checkbox"/> Nov. <input type="checkbox"/> Dec.			
e. Name of dependent		Date of birth	Subscriber number
Full-year minimum creditable coverage? If No, check months with minimum creditable coverage: Corrected:			
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Jan. <input type="checkbox"/> Feb. <input type="checkbox"/> Mar. <input type="checkbox"/> Apr. <input type="checkbox"/> May <input type="checkbox"/> June <input type="checkbox"/> July <input type="checkbox"/> Aug. <input type="checkbox"/> Sept. <input type="checkbox"/> Oct. <input type="checkbox"/> Nov. <input type="checkbox"/> Dec.			
f. Name of dependent		Date of birth	Subscriber number
Full-year minimum creditable coverage? If No, check months with minimum creditable coverage: Corrected:			
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Jan. <input type="checkbox"/> Feb. <input type="checkbox"/> Mar. <input type="checkbox"/> Apr. <input type="checkbox"/> May <input type="checkbox"/> June <input type="checkbox"/> July <input type="checkbox"/> Aug. <input type="checkbox"/> Sept. <input type="checkbox"/> Oct. <input type="checkbox"/> Nov. <input type="checkbox"/> Dec.			
g. Name of dependent		Date of birth	Subscriber number
Full-year minimum creditable coverage? If No, check months with minimum creditable coverage: Corrected:			
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Jan. <input type="checkbox"/> Feb. <input type="checkbox"/> Mar. <input type="checkbox"/> Apr. <input type="checkbox"/> May <input type="checkbox"/> June <input type="checkbox"/> July <input type="checkbox"/> Aug. <input type="checkbox"/> Sept. <input type="checkbox"/> Oct. <input type="checkbox"/> Nov. <input type="checkbox"/> Dec.			
h. Name of dependent		Date of birth	Subscriber number
Full-year minimum creditable coverage? If No, check months with minimum creditable coverage: Corrected:			
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Jan. <input type="checkbox"/> Feb. <input type="checkbox"/> Mar. <input type="checkbox"/> Apr. <input type="checkbox"/> May <input type="checkbox"/> June <input type="checkbox"/> July <input type="checkbox"/> Aug. <input type="checkbox"/> Sept. <input type="checkbox"/> Oct. <input type="checkbox"/> Nov. <input type="checkbox"/> Dec.			

