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

1 Name of Insurance company or administrator	2 FID number of Insurance co. or administrator
Blue Cross Blue Shield of Massachusetts	04-1045815

3 Name of subscriber	4 Date of birth	5 Subscriber number

6 Street address	7 City/Town	8 State	9 Zip

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

a. Name of dependent — Date of birth — Subscriber number

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

b. Name of dependent — Date of birth — Subscriber number

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

c. Name of dependent — Date of birth — Subscriber number

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

d. Name of dependent — Date of birth — Subscriber number

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

e. Name of dependent — Date of birth — Subscriber number

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

f. Name of dependent — Date of birth — Subscriber number

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

g. Name of dependent — Date of birth — Subscriber number

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

h. Name of dependent — Date of birth — Subscriber number

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