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FIRST NAME	M.I. LAST NAME

COMPLETE SCHEDULE HC-CS TO REPORT ADDITIONAL INSURANCE COMPANIES

SOCIAL	SECUF	RITY NUME	BER		

Schedule HC-CS Health Care Information Continuation Sheet

2013

Complete Schedule HC-CS, Health Care Information Continuation Sheet, if you fill in the **Full-Year MCC** or **Part-Year MCC** oval(s) in line 3 of Schedule HC and had more than two private health insurance companies. **Note:** Your two most recent health insurance companies should be reported on Schedule HC, line(s) 4f and/or 4g. Fill out the information below, using Form MA 1099-HC, to report the information from your additional insurance companies.

additional insurance companies.	lation below, using form MA 1099-HC, to report the information from your					
PART A. YOUR HEALTH INSURANCE						
3. NAME OF THIRD INSURANCE COMPANY OR ADMINISTRATOR IF NECESSARY (from box 1 o	of Form MA 1099-HC)					
FEDERAL IDENTIFICATION NUMBER OF INSURANCE CO. (from box 2 of Form MA 1099-HC)	SUBSCRIBER NUMBER (from Form MA 1099-HC)					
4. NAME OF FOURTH INSURANCE COMPANY OR ADMINISTRATOR IF NECESSARY (from box 1 of Form MA 1099-HC)						
FEDERAL IDENTIFICATION NUMBER OF INSURANCE CO. (from box 2 of Form MA 1099-HC) SUBSCRIBER NUMBER (from Form MA 1099-HC)						
PART B. SPOUSE'S HEALTH INSURANCE (you must complete even if covered under same insurance plan) 3. NAME OF THIRD INSURANCE COMPANY OR ADMINISTRATOR IF NECESSARY FOR SPOUSE (from box 1 of Form MA 1099-HC)						
FEDERAL IDENTIFICATION NUMBER OF INSURANCE CO. (from box 2 of Form MA 1099-HC)	SPOUSE'S SUBSCRIBER NUMBER (from Form MA 1099-HC)					
The state of the s	SI SOCI SI CICIO MILITA					
4. NAME OF FOURTH INSURANCE COMPANY OR ADMINISTRATOR IF NECESSARY FOR SPOUSE (from box 1 of Form MA 1099-HC)						
FEDERAL IDENTIFICATION NUMBER OF INSURANCE CO. (from box 2 of Form MA 1099-HC)	SPOUSE'S SUBSCRIBER NUMBER (from Form MA 1099-HC)					