

Form MA 1099-HC Individual Mandate Massachusetts Health Care Coverage

2023

Massachusetts

Department of

Revenue

| Name of insurance company or administrator | | | | | | | | | 2. FID number of insurance co. or administrator | | | | |
|--|--|--|--|---|--|---|--|---|--|--|--|---|--|
| | | | | 4. Date of birth | | | | 5. Subscriber number | | | | | |
| | | | 7. City/T | own | | | | 8. State | | | 9. Zip | | |
| If No, indicate months with minimum creditable coverage: | | | | | | | | | | | | Corrected: | |
| $\bigcirc Jan.$ | ○ Feb. | O Mar. | O Apr. | O May. | OJune | OJuly | O Aug. | ○ Sept. | Oct. | O Nov. | O Dec. | | |
| Date of birth Subscriber number | | | | | | | | | | | | | |
| If No, indicate months with minimum creditable coverage: | | | | | | | | | | Corrected: | | | |
| O Jan. | ○ Feb. | O Mar. | O Apr. | О Мау. | OJune | OJuly | O Aug. | ○ Sept. | Oct. | O Nov. | O Dec. | | |
| Date of birth | | | | Subscriber number | | | | | | | | | |
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| O Jan. | ○ Feb. | O Mar. | O Apr. | О Мау. | OJune | OJuly | OAug. | ○ Sept. | Oct. | O Nov. | O Dec. | | |
| | Г | Date of bir | th | Subscriber number | | | | | | | | | |
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| | Г | Date of bir | th | Subscriber number | | | | | | | | | |
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| O Jan. | ○ Feb. | O Mar. | ○ Apr. | О Мау. | O June | O July | O Aug. | ○ Sept. | Oct. | O Nov. | O Dec. | | |
| | If No, inc Jan. If No, inc Jan. If No, inc Jan. If No, inc Jan. | If No, indicate mo Jan. Feb. If No, indicate mo If No, indicate mo If No, indicate mo If No, indicate mo | If No, indicate months with Jan. Feb. Mar. Date of bir If No, indicate months with Jan. Feb. Mar. Date of bir If No, indicate months with Jan. Feb. Mar. Date of bir If No, indicate months with Jan. Feb. Mar. Date of bir If No, indicate months with Jan. Feb. Mar. Date of bir | If No, indicate months with minimum Jan. Feb. Mar. Apr. Date of birth If No, indicate months with minimum Jan. Feb. Mar. Apr. Date of birth If No, indicate months with minimum Jan. Feb. Mar. Apr. Date of birth If No, indicate months with minimum Jan. Feb. Mar. Apr. Date of birth If No, indicate months with minimum Jan. Feb. Mar. Apr. Date of birth | ## A. Date of birth 7. City/Town If No, indicate months with minimum creditable Jan. Feb. Mar. Apr. May. Date of birth If No, indicate months with minimum creditable Jan. Feb. Mar. Apr. May. Date of birth If No, indicate months with minimum creditable Jan. Feb. Mar. Apr. May. Date of birth If No, indicate months with minimum creditable Jan. Feb. Mar. Apr. May. Date of birth If No, indicate months with minimum creditable Jan. Feb. Mar. Apr. May. Date of birth | ## A. Date of birth 7. City/Town Fob. | ### A. Date of birth 7. City/Town If No, indicate months with minimum creditable coverage: Jan. Feb. Mar. Apr. May. June July | ### A. Date of birth 7. City/Town If No, indicate months with minimum creditable coverage: Jan. Feb. Mar. Apr. May. June July Aug. | ### A. Date of birth ### 5. Subscr T. City/Town | ## A. Date of birth ## 5. Subscriber number ## 6. Subs | ### A. Date of birth ### 5. Subscriber number ### 7. City/Town ## 8. State ### 15 No, indicate months with minimum creditable coverage: Jan. Feb. Mar. Apr. May. June July Aug. Sept. Oct. Nov. | ## A. Date of birth 7. City/Town 8. State 9. Zip If No, indicate months with minimum creditable coverage: Jan. Feb. Mar. Apr. May. June July Aug. Sept. Oct. Nov. Dec. | |