



Form MA 1099-HC Individual Mandate Massachusetts Health Care Coverage

2025
Massachusetts
Department of
Revenue

1. Name of insurance company or administrator 2. FID number of insurance co. or administrator

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? If No, indicate months with minimum creditable coverage: Corrected:
 Yes No Jan. Feb. Mar. Apr. May. June July Aug. Sept. Oct. Nov. Dec.

a. Name of dependent Date of birth Subscriber number

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