

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

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

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