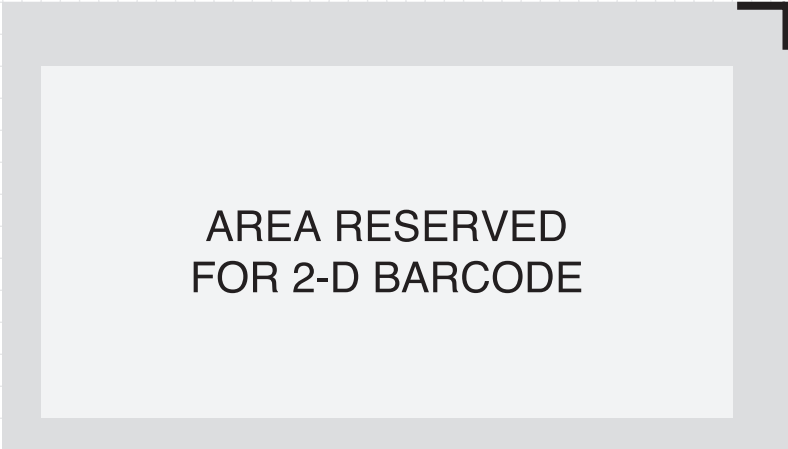
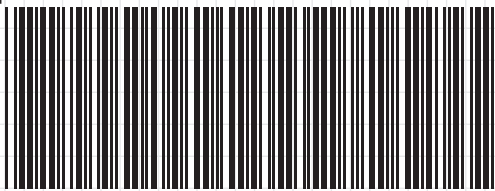


04
05
06
07
08
09
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28
29
30
31
32
33
34
35
36
37
38
39
40
41
42
43
44
45
46
47
48
49
50
51
52
53
54
55
56
57
58
59
60
61
62
63

04
05
06
07
08
09
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28
29
30
31
32
33
34
35
36
37
38
39
40
41
42
43
44
45
46
47
48
49
50
51
52
53
54
55
56
57
58
59
60
61
62
63



2024 Schedule HC-CS

XXXXXXXXXXXXXX

AREA RESERVED
FOR 2-D BARCODE

FIRSTNAMEXXXXXX I LASTNAMEXXXXXXXXXXXX SOCIALSECNO

Complete Schedule HC-CS, Health Care Information Continuation Sheet, if you 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.

Part A. Your Health Insurance

NAMEOFINSURANCECOMPANYXXXXXXXXXX
NAMEOFINSURANCECOMPANYXXXXXXXXXX

SUBSCRIBERNUMBERXXXXX
SUBSCRIBERNUMBERXXXXX

Part B. Spouse's Health Insurance

NAMEOFINSURANCECOMPANYXXXXXXXXXX
NAMEOFINSURANCECOMPANYXXXXXXXXXX

SUBSCRIBERNUMBERXXXXX
SUBSCRIBERNUMBERXXXXX

XXXXXXXXXXXXXXXXXXXXXXXXXXXX

XXXXXXXXXXXXXXXXXXXXXXXXXXXX