Form MA 1099-HC
Individual Mandate
Massachusetts Health Care Coverage

2023
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? ◯ Yes ◯ No
If No, indicate 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, indicate 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, indicate 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, indicate 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, indicate months with minimum creditable coverage: ◯ Jan. ◯ Feb. ◯ Mar. ◯ Apr. ◯ May. ◯ June ◯ July ◯ Aug. ◯ Sept. ◯ Oct. ◯ Nov. ◯ Dec.
Corrected: