



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

**2016**  
**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, check 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, check 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, check 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, check 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, check months with minimum creditable coverage: Corrected:  
 Yes  No  Jan.  Feb.  Mar.  Apr.  May  June  July  Aug.  Sept.  Oct.  Nov.  Dec.