AREA RESERVED
FOR 2-D BARCODE

2017 Schedule HC-CS

XXXXXXXXXXXX

FIRSTNAMEXXXXXXX I LASTNAMEXXXXXXXXXXX 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 FEDERALIDEN SUBSCRIBERNUMBERXXXXX
NAMEOFINSURANCECOMPANYXXXXXXXXXX FEDERALIDEN SUBSCRIBERNUMBERXXXXX

Part B. Spouse's Health Insurance

NAMEOFINSURANCECOMPANYXXXXXXXXXX FEDERALIDEN SUBSCRIBERNUMBERXXXXX
NAMEOFINSURANCECOMPANYXXXXXXXXXX FEDERALIDEN SUBSCRIBERNUMBERXXXXX

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