COMPLETE SCHEDULE HC-CS TO REPORT ADDITIONAL INSURANCE COMPANIES

FIRST NAME | M.I. | LAST NAME | SOCIAL SECURITY NUMBER

Schedule HC-CS Health Care Information Continuation Sheet 2024

Complete Schedule HC-CS, Health Care Information Continuation Sheet, if you fill in the **Full-Year MCC** or **Part-Year MCC** oval(s) in line 3 of Schedule HC and 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

3. NAME OF THIRD INSURANCE COMPANY OR ADMINISTRATOR IF NECESSARY (from box 1 of Form MA 1099-HC)

SUBSCRIBER NUMBER (from Form MA 1099-HC) **Note:** If you were not issued Form MA 1099-HC, enter the Identification number from your health insurance card.

4. NAME OF FOURTH INSURANCE COMPANY OR ADMINISTRATOR IF NECESSARY (from box 1 of Form MA 1099-HC)

SUBSCRIBER NUMBER (from Form MA 1099-HC) **Note:** If you were not issued Form MA 1099-HC, enter the Identification number from your health insurance card.

PART B. SPOUSE'S HEALTH INSURANCE (you must complete even if covered under same insurance plan)

3. NAME OF THIRD INSURANCE COMPANY OR ADMINISTRATOR IF NECESSARY FOR SPOUSE (from box 1 of Form MA 1099-HC)

SUBSCRIBER NUMBER (from Form MA 1099-HC) **Note:** If you were not issued Form MA 1099-HC, enter the Identification number from your health insurance card.

4. NAME OF FOURTH INSURANCE COMPANY OR ADMINISTRATOR IF NECESSARY FOR SPOUSE (from box 1 of Form MA 1099-HC)

SUBSCRIBER NUMBER (from Form MA 1099-HC) **Note:** If you were not issued Form MA 1099-HC, enter the Identification number from your health insurance card.