



**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

2025

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.