



Form MA 1099-HC
Individual Mandate
Massachusetts Health Care Coverage

2008
Massachusetts
Department of
Revenue

1 Name of insurance company or administrator
1099 Pro Insurance Company

2 FID number of insurance co. or administrator
95-3104158

3 Name of subscriber
Michael Michaels

4 Date of birth
10-07-1969

5 Subscriber number
A1900000A

6 Street address
23901 Jasper Hill Road

7 City/Town
Holliston

8 State
MA

9 Zip
01746

Full-year coverage? Yes No

If No, check months covered: Jan. Feb. Mar. Apr. May June July Aug. Sept. Oct. Nov. Dec.

Corrected:

a. Name of dependent
Jane Michaels

Date of birth
05-12-1965

Subscriber number
A1900000B

Full-year coverage? Yes No

If No, check months covered: Jan. Feb. Mar. Apr. May June July Aug. Sept. Oct. Nov. Dec.

Corrected:

b. Name of dependent
Tony Michaels

Date of birth
12-27-2001

Subscriber number
A1900000C

Full-year coverage? Yes No

If No, check months covered: Jan. Feb. Mar. Apr. May June July Aug. Sept. Oct. Nov. Dec.

Corrected:

c. Name of dependent

Date of birth

Subscriber number

Full-year coverage? Yes No

If No, check months covered: Jan. Feb. Mar. Apr. May June July Aug. Sept. Oct. Nov. Dec.

Corrected:

d. Name of dependent

Date of birth

Subscriber number

Full-year coverage? Yes No

If No, check months covered: Jan. Feb. Mar. Apr. May June July Aug. Sept. Oct. Nov. Dec.

Corrected: