

# 2007 Form MA 1099-HC Individual Mandate — Massachusetts Health Care Coverage

<sup>1</sup> Name of insurance company or administrator Monumental Life Insurance Company		<sup>2</sup> FID number of insurance co. or administrator Bollinger, Inc., FID #: 22-078-1130		<sup>3</sup> Corrected	
<sup>4</sup> Name of subscriber		<sup>5</sup> Date of birth	<sup>6</sup> Subscriber number CMA804		
<sup>7</sup> Street address		<sup>8</sup> City/Town		<sup>9</sup> State	<sup>10</sup> Zip
<sup>11</sup> Coverage effective date		<sup>12</sup> Coverage through date			
Name of dependent	Date of birth	Subscriber number		Coverage effective date	Coverage through date
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