

Cigna HealthCare
MA Compliance
PO Box 3050
Easton, PA 18043-3050



177820192801

January 29, 2021

PRAKASH MADHANAGOPALAN
15015 W AIRPORT BLVD
1723
SUGAR LAND TX 77498-7219

Re: **IMPORTANT TAX INFORMATION - Massachusetts 1099-HC Form**
Account: 03348F 03348FBC

Dear PRAKASH MADHANAGOPALAN,

This MA 1099-HC form (see reverse side) serves as a written statement of health insurance coverage provided to you and your family by Cigna Companies. It is being issued in accordance with Massachusetts Health Care Reform Creditable Coverage legislation, Ch. 324 MGL Sec. 11 8B, and its information should be used in filing your state tax return. For further information, please contact the Massachusetts Department of Revenue at <http://www.mass.gov/dor> or your tax advisor. If you have any questions, you may contact us at 1.800.898.8969.

Sincerely,
Cigna HealthCare

If you are filing a paper return, please attach a copy of this 1099 HC form to your tax return.



Form MA 1099-HC
Individual Mandate
Massachusetts Health Care Coverage

2020

Massachusetts
Department of
Revenue

1 Name of insurance company or administrator Cigna		2 FID number of insurance co. or administrator 960000081		
3 Name of subscriber PRAKASH MADHANAGOPALAN		4 Date of birth 07/05/1981	5 Subscriber number 00000000495943501	
6 Street address 15015 W AIRPORT BLVD 1723		7 City/Town SUGAR LAND	8 State TX	9 Zip 77498
Full-year minimum creditable coverage? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If No, check months with minimum creditable coverage: <input type="checkbox"/> Jan. <input type="checkbox"/> Feb. <input type="checkbox"/> Mar. <input type="checkbox"/> Apr. <input type="checkbox"/> May. <input type="checkbox"/> Jun. <input type="checkbox"/> Jul. <input type="checkbox"/> Aug. <input type="checkbox"/> Sep. <input type="checkbox"/> Oct. <input type="checkbox"/> Nov. <input type="checkbox"/> Dec.			Corrected: <input type="checkbox"/>
a Name of dependent ABARNA SWAMINATHAN	Date of birth 06/08/1986	Subscriber number 00000000495943502		Corrected: <input type="checkbox"/>
Full-year minimum creditable coverage? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If No, check months with minimum creditable coverage: <input type="checkbox"/> Jan. <input type="checkbox"/> Feb. <input type="checkbox"/> Mar. <input type="checkbox"/> Apr. <input type="checkbox"/> May. <input type="checkbox"/> Jun. <input type="checkbox"/> Jul. <input type="checkbox"/> Aug. <input type="checkbox"/> Sep. <input type="checkbox"/> Oct. <input type="checkbox"/> Nov. <input type="checkbox"/> Dec.			Corrected: <input type="checkbox"/>
b Name of dependent PRANAV PRAKASH	Date of birth 04/01/2010	Subscriber number 00000000495943503		Corrected: <input type="checkbox"/>
Full-year minimum creditable coverage? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If No, check months with minimum creditable coverage: <input type="checkbox"/> Jan. <input type="checkbox"/> Feb. <input type="checkbox"/> Mar. <input type="checkbox"/> Apr. <input type="checkbox"/> May. <input type="checkbox"/> Jun. <input type="checkbox"/> Jul. <input type="checkbox"/> Aug. <input type="checkbox"/> Sep. <input type="checkbox"/> Oct. <input type="checkbox"/> Nov. <input type="checkbox"/> Dec.			Corrected: <input type="checkbox"/>
c Name of dependent AARUSH PRAKASH	Date of birth 09/17/2015	Subscriber number 00000000495943504		Corrected: <input type="checkbox"/>
Full-year minimum creditable coverage? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If No, check months with minimum creditable coverage: <input type="checkbox"/> Jan. <input type="checkbox"/> Feb. <input type="checkbox"/> Mar. <input type="checkbox"/> Apr. <input type="checkbox"/> May. <input type="checkbox"/> Jun. <input type="checkbox"/> Jul. <input type="checkbox"/> Aug. <input type="checkbox"/> Sep. <input type="checkbox"/> Oct. <input type="checkbox"/> Nov. <input type="checkbox"/> Dec.			Corrected: <input type="checkbox"/>
d Name of dependent DUPLICATE DUPLICATE	Date of birth 01/01/1950	Subscriber number 00000000495943505		Corrected: <input type="checkbox"/>
Full-year minimum creditable coverage? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If No, check months with minimum creditable coverage: <input type="checkbox"/> Jan. <input type="checkbox"/> Feb. <input type="checkbox"/> Mar. <input type="checkbox"/> Apr. <input type="checkbox"/> May. <input type="checkbox"/> Jun. <input type="checkbox"/> Jul. <input type="checkbox"/> Aug. <input type="checkbox"/> Sep. <input type="checkbox"/> Oct. <input type="checkbox"/> Nov. <input type="checkbox"/> Dec.			Corrected: <input type="checkbox"/>