



Form MA 1099-HC
Individual Mandate
Massachusetts Health Care Coverage

2020

Massachusetts
Department of
Revenue

1 Name of insurance company or administrator		2 FID number of insurance co. or administrator			
Cigna		960000081			
3 Name of subscriber	4 Date of birth	5 Subscriber number			
PRIYANKA SASANE	04/08/1985	0000000493909401			
6 Street address	7 City/Town	8 State	9 Zip		
1025 HANCOCK ST. UNIT 11F	QUINCY	MA	02169		
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"/>