

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



January 29, 2022

VENKATA JOKA
2001 FALL BLVD
APT 343
QUINCY MA 02169

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

Dear VENKATA JOKA,

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

2021
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
VENKATA JOKA
4 Date of birth
05/19/1980
5 Subscriber number
00000000556729101

6 Street address
2001 FALL BLVD
APT 343
7 City/Town
QUINCY
8 State
MA
9 Zip
02169

Full-year minimum creditable coverage?
 Yes No
If No, check months with minimum creditable coverage:
 Jan. Feb. Mar. Apr. May. Jun. Jul. Aug. Sep. Oct. Nov. Dec.
Corrected:

a Name of dependent
PREETHI JOKA
Date of birth
06/23/1984
Subscriber number
00000000556729102

Full-year minimum creditable coverage?
 Yes No
If No, check months with minimum creditable coverage:
 Jan. Feb. Mar. Apr. May. Jun. Jul. Aug. Sep. Oct. Nov. Dec.
Corrected:

b Name of dependent
VENKATA SAI DUR JOKA
Date of birth
05/31/2016
Subscriber number
00000000556729103

Full-year minimum creditable coverage?
 Yes No
If No, check months with minimum creditable coverage:
 Jan. Feb. Mar. Apr. May. Jun. Jul. Aug. Sep. Oct. Nov. Dec.
Corrected:

Form 1095-C

Department of the Treasury
Internal Revenue Service

6 00120

Employer-Provided Health Insurance Offer and Coverage

Do not attach to your tax return. Keep for your records.

OMB No. 1545-2251

Go to www.irs.gov/Form1095C for instructions and the latest information.

2021

Part I Employee
1 Name of employee (first name, middle initial, last name)
VENKAT BHARAT JOKA

2 Social security number (SSN)
****-**-0179

Applicable Large Employer Member (Employee)
7 Name of employer
TATA AMERICA INTERNATIONAL CORP

8 Employer identification number (EIN)
13-2805758

3 Street address (including apartment no.)
2001 FALLS BLVD APT 343

4 City or town
QUINCY

5 State or province
MA

9 Street address (including room or suite no.)
379 THORNALL STREET 4TH FLOOR

11 City or town
EDISON

10 Contact telephone number
(732) 852-0793

13 Country and ZIP or foreign postal code
08837

Part II Employee Offer of Coverage
All 12 Months

14 Offer of Coverage letter required code)
1G

15 Employee Required Contribution (see instructions)
\$

16 Section 4980H State Harbor and Other Relief (enter code, if applicable)

17 ZIP Code

Part III Covered Individuals

If Employer provided self-insured coverage, check the box and enter the information for each individual enrolled in coverage, including the employee.

(a) Name of covered individual(s) First name, middle initial, last name	(b) SSN or other TIN ****-**-0179	(c) DOB (if SSN or other TIN is not available)	(d) Covered all 12 months																			
			Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec								
VENKAT BHARAT	JOKA		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="checked" type="checkbox"/>	<input checked="checked" type="checkbox"/>	<input checked="checked" type="checkbox"/>	<input checked="checked" type="checkbox"/>
preethi	JOKA	1984-06-23	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="checked" type="checkbox"/>	<input checked="checked" type="checkbox"/>	<input checked="checked" type="checkbox"/>	<input checked="checked" type="checkbox"/>
Venkata sai Durvan	joka	2016-05-31	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="checked" type="checkbox"/>	<input checked="checked" type="checkbox"/>	<input checked="checked" type="checkbox"/>	<input checked="checked" type="checkbox"/>

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

NO DATA PAID MAIL