2021



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

Department of Revenue

Trevena

| 1 Name of insurance company or administrator |                           |                      |           | 2 FID number of insurance co. or administrator |             |       |        |            |
|--|---------------------------|----------------------|-----------|--|-------------|-------|--------|------------|
| Omnicom Group Inc.                           |                           |                      | 203942102 |  |             |       |        |            |
| Name of subscriber                           |                           | 4 Date of birth      |           | 5 Subscriber number                            |             |       |        |            |
| BHAVESH THAKKAR                              |                           | 03/25/1995           |           | 0000000555431301                               |             |       |        |            |
| 6 Street address                             |                           | 7 City/Town          |           |  | 8 State     |       | 9 Zip  |            |
| 180 10TH STREET                              | JERSEY CITY               |                      | NJ        |  |             | 07302 |        |            |
| APT 407<br>Full Year Coverage? If I          | No, check months covered: |                      |           | 🗆 Aug. 🗵                                       | Sep. 🗵 Oct. | ⊠Nov. | 🗷 Dec. | Corrected: |
| □Yes ⊠No □J                                  | an. 🗆 Feb. 🗆 Mar.         | 🗆 Apr. 🗆 May. 🗆 Jun. | 🗆 Jul.    | ⊔Aug. ⊠  | зер. шосс.  |       |        |            |

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