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 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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