



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

2021

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											
SATISH REDDY PATLOLLA	05/12/1994	0000000554983301											
6 Street address	7 City/Town	8 State	9 Zip										
6 DIAMOND ST #3	LAWRENCE	MA	01843										
Full-year minimum creditable coverage?	If No, check months with minimum creditable coverage:			Corrected:									
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<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.	<input type="checkbox"/>

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