



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										
Sachin Manral	01/27/1996	0000000556691801										
6 Street address	7 City/Town	8 State	9 Zip									
1 Dell St Apt 2	Somerville	MA	02145									
Full-year minimum creditable coverage? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If No, check months with minimum creditable coverage:				Corrected: <input type="checkbox"/>							
	<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 checked="" type="checkbox"/> Nov.	<input checked="" type="checkbox"/> Dec.

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