

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



January 29, 2022

HARINDRA VADLAMUDI
2001 FALLS BLVD
APT 225
QUINCY MA 02169-8215

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

Dear HARINDRA VADLAMUDI,

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.

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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										
HARINDRA VADLAMUDI		04/14/1980	00000000495944401										
6 Street address		7 City/Town	8 State	9 Zip									
2001 FALLS BLVD APT 225		QUINCY	MA	02169									
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"/>
a Name of dependent		Date of birth	Subscriber number										
INDIRA BOTLAGUNTA		06/15/1981	00000000495944402										
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"/>
b Name of dependent		Date of birth	Subscriber number										
YATHVIK VADLAMUDI		06/09/2017	00000000495944403										
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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