



Form MA 1099-HC  
Individual Mandate  
Massachusetts Health Care Coverage

2022

Massachusetts  
Department of  
Revenue

1 Name of insurance company or administrator		2 FID number of insurance co. or administrator		
BJ's Wholesale Club, Inc.		043360747		
3 Name of subscriber	4 Date of birth	5 Subscriber number		
NITESH DUBAL	08/19/1991	00000000435796201		
6 Street address	7 City/Town	8 State	9 Zip	
44 W WALNUT ST UNIT D	MILFORD	MA	01757	
Full Year Coverage? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If No, check months covered: <input checked="" type="checkbox"/> Jan. <input checked="" type="checkbox"/> Feb. <input checked="" type="checkbox"/> Mar. <input checked="" type="checkbox"/> Apr. <input checked="" type="checkbox"/> May. <input checked="" 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.			Corrected: <input type="checkbox"/>

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