



2022

Form MA 1099-HC
Individual Mandate
Massachusetts Health Care Coverage

Massachusetts
Department of
Revenue

1 Name of insurance company or administrator
BJ's Wholesale Club, Inc.

2 FID number of insurance co. or administrator
043360747

3 Name of subscriber
NITESH DUBAL

4 Date of birth
08/19/1991

5 Subscriber number
00000000624872801

6 Street address
44 W WALNUT ST
UNIT D

7 City/Town
MILFORD

8 State
MA

9 Zip
01757

Full Year Coverage? Yes No

If No, check months covered:
 Jan. Feb. Mar. Apr. May. Jun. Jul. Aug. Sep. Oct. Nov. Dec.

Corrected:

a Name of dependent
JYOTIKA GIRDHAR

Date of birth
11/09/1993

Subscriber number
00000000624872802

Full Year Coverage? Yes No

If No, check months covered:
 Jan. Feb. Mar. Apr. May. Jun. Jul. Aug. Sep. Oct. Nov. Dec.

Corrected:

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