



Form MA 1099-HC
Individual Mandate
Massachusetts Health Care Coverage

2023

Massachusetts
Department of
Revenue

1 Name of insurance company or administrator Cigna		2 FID number of insurance co. or administrator 960000081	
3 Name of subscriber PRAVEEN KUMAR BORGAMA		4 Date of birth 07/14/1977	5 Subscriber number 0000000624466801
6 Street address 255 NORTH RD UNIT 75		7 City/Town CHELMSFORD	8 State MA
		9 Zip 01824	
Full-year minimum creditable coverage? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		If No, check months with minimum creditable coverage: <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. Corrected: <input type="checkbox"/>	
a Name of dependent SEETA RAMA KUMA NARAPARAJU		Date of birth 06/30/1981	Subscriber number 0000000624466802
Full-year minimum creditable coverage? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		If No, check months with minimum creditable coverage: <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. Corrected: <input type="checkbox"/>	
b Name of dependent SAHARSH BORGAMA		Date of birth 06/25/2011	Subscriber number 0000000624466803
Full-year minimum creditable coverage? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		If No, check months with minimum creditable coverage: <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. Corrected: <input type="checkbox"/>	
c Name of dependent SAMHITH BORGAMA		Date of birth 03/16/2018	Subscriber number 0000000624466804
Full-year minimum creditable coverage? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		If No, check months with minimum creditable coverage: <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. Corrected: <input type="checkbox"/>	

All Cigna products and services are provided exclusively by or through operating subsidiaries of Cigna Corporation.