



**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
NIHAR RANJAN PATTNAIK

4 Date of birth
07/03/1977

5 Subscriber number
00000000624730701

6 Street address
36 YORKSHIRE TER #10

7 City/Town
SHREWSBURY

8 State
MA

9 Zip
01545

Full-year minimum creditable coverage?
 Yes No

If No, check months with minimum creditable coverage:
 Jan. Feb. Mar. Apr. May. Jun. Jul. Aug. Sep. Oct. Nov. Dec.

Corrected:

a Name of dependent
BIRAJA LAXMI BOHIDAR

Date of birth
02/26/1985

Subscriber number
00000000624730702

Full-year minimum creditable coverage?
 Yes No

If No, check months with minimum creditable coverage:
 Jan. Feb. Mar. Apr. May. Jun. Jul. Aug. Sep. Oct. Nov. Dec.

Corrected:

b Name of dependent
SUVAN RANJAN PATTNAIK

Date of birth
09/08/2008

Subscriber number
00000000624730703

Full-year minimum creditable coverage?
 Yes No

If No, check months with minimum creditable coverage:
 Jan. Feb. Mar. Apr. May. Jun. Jul. Aug. Sep. Oct. Nov. Dec.

Corrected:

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