



Form MA 1099-HC
Individual Mandate
Massachusetts Health Care Coverage

2017

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 ANIL KUMAR MANDAVA		5 Subscriber number 00000000248231501	
4 Date of birth 07/06/1978		9 Zip 08852	
6 Street address 10 ARLENE CT		7 City/Town MONMOUTH JUNCTION	
8 State NJ		Corrected: <input type="checkbox"/>	
Full-year minimum creditable coverage? <input type="checkbox"/> Yes <input checked="" 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.	
a Name of dependent SUNEETHA MANDAVA		Date of birth 05/18/1983	
		Subscriber number 00000000248231502	
Full-year minimum creditable coverage? <input type="checkbox"/> Yes <input checked="" 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.	
b Name of dependent SRI NAGA PRAGNA MANDAVA		Date of birth 07/22/2007	
		Subscriber number 00000000248231503	
Full-year minimum creditable coverage? <input type="checkbox"/> Yes <input checked="" 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.	
c Name of dependent JAIDEEP MANDAVA		Date of birth 09/18/2010	
		Subscriber number 00000000248231504	
Full-year minimum creditable coverage? <input type="checkbox"/> Yes <input checked="" 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"/>	

