



Form MA 1099-HC  
Individual Mandate  
Massachusetts Health Care Coverage

2017

Massachusetts

Department of

Revenue

1 Name of insurance company or administrator

2 FID number of insurance co. or administrator

Cigna

960000081

3 Name of subscriber

4 Date of birth

5 Subscriber number

Gowri Shankar Kalepalli

04/28/1982

00000000257625901

6 Street address

7 City/Town

8 State

9 Zip

995 SOUTHERN ARTERY APT 508

QUINCY

MA

02169

Full-year minimum creditable coverage?

If No, check months with minimum creditable coverage:

Corrected:

Yes  No

Jan.  Feb.  Mar.  Apr.  May.  Jun.  Jul.  Aug.  Sep.  Oct.  Nov.  Dec.

a Name of dependent

Date of birth

Subscriber number

Roopa Sree Kalepalli

08/30/1984

00000000257625903

Full-year minimum creditable coverage?

If No, check months with minimum creditable coverage:

Corrected:

Yes  No

Jan.  Feb.  Mar.  Apr.  May.  Jun.  Jul.  Aug.  Sep.  Oct.  Nov.  Dec.