

**Cigna HealthCare**  
MA Compliance  
PO Box 3050  
Easton, PA 18043-3050



January 25, 2018

LEO SEEMA GASPAR  
21 DUNCANNON AVE  
APT 8  
WORCESTER MA 01604-5137

Re: **IMPORTANT TAX INFORMATION** - Massachusetts 1099-HC Form  
Account: 3336239 RX80

Dear LEO SEEMA GASPAR,

This MA 1099-HC form (see reverse side) serves as a written statement of health insurance coverage provided to you and your family by Cigna Companies. It is being issued in accordance with Massachusetts Health Care Reform Creditable Coverage legislation, Ch. 324 MGL Sec. 11 8B, and its information should be used in filing your state tax return. For further information, please contact the Massachusetts Department of Revenue at <http://www.mass.gov/dor> or your tax advisor. If you have any questions, you may contact us at 1.800.898.8969.

Sincerely,  
Cigna HealthCare

**If you are filing a paper return, please attach a copy of this 1099 HC form to your tax return.**



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  
 LEO SEEMA GASPAR

4 Date of birth  
 01/04/1981

5 Subscriber number  
 00000000311736201

6 Street address  
 21 DUNCANNON AVE  
 APT 8

7 City/Town  
 WORCESTER

8 State  
 MA

9 Zip  
 01604

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  
 JAYACHANDRAN KANDASAMY

Date of birth  
 08/06/1978

Subscriber number  
 00000000311736202

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  
 DANIEL VILFREDO JAYACHANDRAN

Date of birth  
 04/08/2011

Subscriber number  
 00000000311736203

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:

c Name of dependent  
 DARREN BENEDITT JAYACHANDRAN

Date of birth  
 11/06/2014

Subscriber number  
 00000000311736204

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: