

Employer-Provided Health Insurance Offer and Coverage

Do not attach to your tax return. Keep for your records.

Go to www.irs.gov/Form1095C for instructions and the latest information.

VOID
 CORRECTED

Part I Employee				Applicable Large Employer Member (Employer)			
1 Name of employee (first name, middle initial, last name) VAMSHI KRISHNA MATHUKUMILLI		2 Social security number (SSN) XXX-XX-3147		7 Name of employer COMCAST CABLE COMMUNICATIONS MANAGEMENT,		8 Employer identification number (EIN) 23-2084784	
3 Street address (including apartment no.) 2316 SOCIETY DR				9 Street address (including room or suite no.) 1701 JFK BLVD.		10 Contact telephone number 844-405-2085	
4 City or town CLAYMONT	5 State or province DE	6 Country and ZIP or foreign postal code US 19703		11 City or town PHILADELPHIA	12 State or province PA	13 Country and ZIP or foreign postal code US 19103	

Part II Employee Offer of Coverage	Employee's Age on January 1:												Plan Start Month (enter 2-digit number): 01		
	All 12 Months	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec		
14 Offer of Coverage (enter required code) 1H															
15 Employee Required Contribution (see instructions) \$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable) 2A	2A	2A	2A	2A	2A	2A	2A	2A	2A	2A	2A	2A	2A	2A	2D
17 ZIP Code															

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions. Cat. No. 60705M Form **1095-C** (2021)

Part III Covered Individuals					(e) Months of coverage												
If Employer provided self-insured coverage, check the box and enter the information for each individual enrolled in coverage, including the employee. <input checked="" type="checkbox"/>					(d) Covered all 12 months	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
(a) Name of covered individual(s) First name, middle initial, last name	(b) SSN or other TIN	(c) DOB (if SSN or other TIN is not available)															
18 VAMSHI KRISHNA MATHUKUMILLI	XXX-XX-3147																X
19																	
20																	
21																	
22																	
23																	
24																	
25																	
26																	
27																	
28																	
29																	
30																	