

**Employer-Provided Health Insurance Offer and Coverage**  
Do not attach to your tax return. Keep for your records.  
Go to [www.irs.gov/Form1095C](http://www.irs.gov/Form1095C) for instructions and the latest information.

VOID  
 CORRECTED

**Part I Employee**

1 Name of employee (first name, middle initial, last name) SAITEJASREE RAMALA		2 Social security number (SSN) XXX-XX-4264	7 Name of employer CHARTER COMMUNICATIONS LLC		8 Employer identification number (EIN) 43-1659860
3 Street address (including apartment no.) 2143 MAVERICK DR, #E			9 Street address (including room or suite no.) 7800 CRESCENT EXECUTIVE DR		10 Contact telephone number 844-214-4041
4 City or town MARYLAND HEIGHTS	5 State or province MO	6 Country and ZIP or foreign postal code US 63043	11 City or town CHARLOTTE	12 State or province NC	13 Country and ZIP or foreign postal code US 28217

**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	1H	1H	1H	1H	1H	1H	1H	1E	1E	1E	1E
15 Employee Required Contribution (see instructions)	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$ 71.98	\$ 71.98	\$ 71.98	\$ 71.98
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)		2A	2A	2A	2A	2A	2A	2A	2D	2C	2C	2C	2C
17 ZIP Code													

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

Cat. No. 60705M

Form 1095-C (2022)

**Part III Covered Individuals**  
If Employer provided self-insured coverage, check the box and enter the information for each individual enrolled in coverage, including the employee.

(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)	(d) Covered all 12 months	(e) Months of coverage												
				Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	
18 SAITEJASREE RAMALA	XXX-XX-4264												X	X	X	X
19 HARISH VARMA SUNDARI	XXX-XX-8681												X	X	X	X
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