				_	Office and Occupance						/OID		1	600120 OMB No. 1545-2251						
Form 1095 Department of the	Emp	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.										CORRE	CTEC		2023					
Internal Revenue S	ervice		▶ Go to ww	w.irs.gov/ro	mitossc for in	Structions an	d the late	Appli	cable l	arge	Emplo	ver M	ember	(Emp	loyer)					
Part I Employee								employe			,	,		8	Employer	r identifica	tion numb	er (EIM)		
1 Name of employee								HEAL						5	2-1357	729				
DAYANA N DANNE																	ntact telephone number			
3 Street address (including apartment no.)								1840 AMHERST STREET						5	40-536	0-536-5318				
207 PATRIOT STREET				6 Country and ZIP or foreign postal code								2 State or province 13 0				Country and ZIP or foreign postal code				
4 City or town 5 State or proving			nce	22656			WINCHESTER			VA	VA				22601					
STEPHENSON VA Part II Employee Offer of Coverage					Employee's Age on J					Pla	Plan Start Month (En				ter 2-digit number): 01					
All 12 Months Jan		Feb	Mar	Apr May		June July			Aug		Sept			Nov		Dec				
	All 12 Months	Jan	Feb	IVIAI	Apr	way		_	,	_										
14 Offer of Coverage (enter required code)		1E	1E	1E	1E	1H	1H		1H		1H		1	1H		1H		1H		
15 Employee Required Contribution (see										,	\$		4			\$		\$		
instructions)	\$	\$ 167.23	\$ 167.23	\$ 167.23	\$ 167.23	\$	\$	\$		D		\$	- 1	<u> </u>	•		-			
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)	on 4980H bor and clief (enter		2C			2A	2A		2A 2A		2A		2A		2A		2A			
										1				* · · · -		2 = 2				
17 ZIP Code		<u> </u>				i i	,													
Part III Cov	ered Indivi	iduais	rad aguaraga	chock the	box and ente	r the informa	tion for	ach in	dividual	enrolle	d in co	verage	includi	na the	emplov	ee. X				
It Em	nployer provi	ided seit-insu	red coverage	, check the	(c) DOB (If SSI	(d) Covered		aciiiii	uividuai	eriione	(e)) Months	of Covera	age	op.c,	77	-			
(a) Name of covered individual(s)			(b) SSN or other TIN		or other TIN is not available)	all 12 mont		Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec		
18 DAYANA K BARRE			XXX-XX-6292				X	X	X	X										
19 SANTOSH KUMAR MUTYALA			XXX-X	X-8166			X	X	X	X										
20 SASHA KATHERINE MUTYALA			XXX-X	V 0422		x														
20 SASHA KA	ATHERINE	MUTTALA	****	A-0423		+-								П	L					
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For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

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Form 1095-C (2022)