

Submission 4 Narratives – (Test Scenarios 4-0, 4-1, 4-2, 4-3, 4-4)

Instructions: Prepare a submission for Gammtestfour County who is reporting health coverage for four employees. The information to be included in this submission is provided in the following narrative.

Submission Narrative

Gammtestfour County (Employer Identification Number (EIN) 000000401), 2946 Pear Street, West Bend, WI 53095 is an Applicable Large Employer (ALE).

Danny Whitney is the point of contact for Gammtestfour County and can be reached at 5551452365.

This is not the Authoritative Transmittal for Gammtestfour County.

Gammtestfour State is the Designated Government Entity (EIN 000000407), 1155 Alder Avenue, Madison, WI 53703.

Sam Castle is the point of contact for Gammtestfour State and can be reached at 5551115555.

Signature, Title and Date on the signature line should be blank.

General Information for Forms 1095C:

While not required, Gammtestfour County chooses to enter the following optional Plan Start Month on each Form 1095-C: "01"

Scenario 4-1 Employee 1: Erika Gaviton

Gammtestfour County offered coverage to their Full-Time Employee, Erika Gaviton, for all 12 months in 2015. They offered minimum essential coverage providing minimum value for Erika Gaviton (Social Security Number (SSN) 000000411) and her dependent(s) (not spouse).

Erika's share of the lowest cost monthly premium for self only minimum essential coverage was \$105.00 per month. She enrolled in the coverage offered January 1st through December 31st (inclusive) and the employer entered a code on line 16 to report that coverage.

Note: There are two correct ways to complete this form. Please select the "All 12 Months" box on lines 14 through 16. Both treatments are acceptable in Production. This constraint applies only to the AATS test environment.

Erika Gaviton resides at 1919 Pine Avenue, Germantown, WI 53022

Scenario 4-2 Employee 2: Ida Gavitass

Gammtestfour County offered coverage to their Full-Time Employee, Ida Gavitass, from January 1st through July 31st (inclusive). They offered minimum essential coverage providing minimum value for Ida Gravitas (SSN 000000422) and her dependent(s) and spouse.

Ida's share of the lowest cost monthly premium for self only minimum essential coverage was \$152.00 per month. She enrolled in coverage offered for the months of January 1st through July 31st (inclusive). Ida Gavitass terminated her employment on August 1st and was not offered coverage for the months of August through December (inclusive).

Note: There are two correct ways to complete this form. Safe Harbor codes are optional on Line 16. Enter Section 4980H Safe Harbor Codes for each month of the year.

Ida Gavitass resides at 2845 Plum Street, West Bend, WI 53095

Scenario 4-3 Employee 3: Larry Gavizonlas

Gammtestfour County offered coverage to their Full-Time Employee, Larry Gavizonlas, from August 1st through December 31st (inclusive). They offered minimum essential coverage providing minimum value for Larry Gavizonlas (SSN 000000433) and at least minimum essential coverage to his dependent(s) (not spouse).

Larry's share of the lowest cost monthly premium for self only minimum essential coverage was \$205.00 per month. He enrolled in coverage offered for the months of August 1st through December 31st (inclusive). He was not employed by Gammtestfour County from January 1st to July 31st (inclusive).

Note: There are two correct ways to complete this form. Safe Harbor codes are optional on Line 16. Enter Section 4980H Safe Harbor Codes for each month of the year.

Larry Gavizonlas resides at 2546 Red Cedar Lane, Germantown, WI 53022.

Scenario 4-4 Employee 4: Kyle Gaviblont

Gammtestfour County offered coverage to their Full-Time Employee, Kyle Gaviblont, from February 1st to December 31st (inclusive). They offered minimum essential coverage providing minimum value for Kyle Gaviblont (SSN 000000444) and at least minimum essential coverage to his dependent(s) and spouse.

Kyle's share of the lowest cost monthly premium for self only minimum essential coverage was \$205.00 per month. He enrolled in coverage offered for the months of February 1st through December 31st (inclusive). He was not an employee of Gammtestfour County in the month of January.

Note: There are two correct ways to complete this form. Safe Harbor codes are optional on Line 16. Enter Section 4980H Safe Harbor Codes for each month of the year.

Kyle Gaviblont resides at 355 Maple Lane, West Bend, WI 53095