

## **Submission 7 Narratives – (Test Scenarios 7-0, 7-1)**

Instructions: Prepare a submission for Carrtestseven who is reporting health coverage information for one employee. The information to be included in this submission is provided in the following narrative.

### **Submission Narrative**

Carrtestseven (Employer Identification Number (EIN) 000000710), 109 Cypress Cove, Wimberley, TX 78676 is an Applicable Large Employer (ALE).

Carla Hayes is the point of contact for Carrtestseven and can be reached at 5551552899.

This is the authoritative transmittal for Carrtestseven.

Carrtestseven will have a total of 103 Form 1095-Cs filed by and/or on its behalf. Only one of the 103 is included in this submission.

Carrtestseven is not an ALE member of an Aggregated Group.

While it is not required to check any boxes on line 22 Carrtestseven qualifies for and is only choosing to use 98% Offer Method of Transition Relief. Since Carrtestseven qualifies for the 98% Offer Method they are not required to include a Full Time Employee count on line 23(b).

**Note:** There are two correct ways to complete this form. Entries for “All 12 Months” could be made on line 23 or the same entry could be placed in each of the 12 months. In this scenario, Carrtestseven chooses to enter the Part III ALE Member Information on Line 23 “All 12 Months” where applicable.

The Total Employee Count for Carrtestseven was 103 during 2015.

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

### **General Information for Form 1095-C:**

While not required Carrtestseven chooses to enter the following optional Plan Start Month on each Form 1095-C: “01”

### **Scenario 7-1 Employee 1: Scarlett Camen**

Carrtestseven offered coverage to their Full-Time Employee, Scarlett Camen, for all 12 months in 2015. They offered minimum essential coverage providing minimum value for Scarlett Camen (Social Security Number (SSN) 000000701) and her dependent(s) (not spouse).

Scarlett's share of the lowest cost monthly premium for self only minimum essential coverage was \$115.00 per month. She enrolled in coverage offered for all 12 months.

**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.

Scarlett resides at 420 Falcon Lane, San Juan Capistrano, CA 92693.