

Submission 5 Narratives - (Test Scenarios 5-0, 5-1, 5-2, 5-3)

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

Submission Narrative

Darrtestfive (Employee Identification Number (EIN) 000000599), 4689 Redwood Avenue, Austin, TX 78755 is an Applicable Large Employer (ALE).

Susan Williamson is the point of contact for Darrtestfive and can be reached at 5551234567.

This is the authoritative transmittal for Darrtestfive.

Darrtestfive will have a total of 322 Form 1095-Cs filed by and/or on its behalf. Only three of the 322 employees are included in this submission.

Darrtestfive was a member of an Aggregated ALE Group for all 12 months of the year.

While it is not required to check any boxes on line 22 and more than one method may be applicable, Darrtestfive qualifies for and is certifying that it is eligible for the Qualifying Offer Method and the Section 4980H Transition Relief Method.

The Full Time Employee Count for the month of January is 315 and the Total Employee Count is 330. For the months February through June inclusive, the Full Time Employee Count is 316 and the Total Employee Count is 335. The Full Time Employee Count for the month of July is 318 and the Total Employee Count is 335. For the months August through December inclusive the Total Full Time Employee Count is 318 and the Total Employee Count is 333.

The Part IV Other ALE Members of the Aggregated ALE Group are as follows:
Darrtestfive Subsidiary One (EIN 000000600)

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 you should select the check boxes for each of the 12 months for all applicable columns.

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

General Information for Forms 1095-C:

Note: Covered individuals should be listed alphabetically by their first name. This constraint applies only to the AATS test environment.

While not required, Darrtestfive chooses to enter a Plan Start Month in Part II on each Form 1095-C: “01”

Scenario 5-1 Employee 1: Odette Cloudy Davidson

Darrtestfive provides self-insured health coverage.

Darrtestfive made a Qualifying Offer to their Full-Time Employee, Odette Cloudy Davidson (Social Security Number (SSN) 000000533) of minimum essential coverage providing minimum value and at least minimal essential coverage to her spouse and dependent(s). The employee contribution for self-only coverage is equal to or less than 9.5% of the single federal poverty line.

Odette, her spouse Peter Davidson, her dependents Mindy Davidson (SSN 000000534) and Nicolas Davidson (SSN 000000535) enrolled in the coverage offered for all 12 months. Peter Davidson’s SSN was not on file at Darrtestfive; However, his birthdate is listed as 1970-02-06 (YYYY-MM-DD).

Darrtestfive chooses to complete the Part II “Offer of Coverage” code in the “All 12 Months” column and not to enter any Safe Harbor codes at all.

Darrtestfive chooses to complete the Part III “Covered all 12 Months” box for covered individuals when applicable.

Odette and her family reside at 2993 Spruce Lane, Fort Collins, CO, 80522.

Scenario 5-2 Employee 2: Peter Davignon

Darrtestfive provides self-insured health coverage.

Darrtestfive made a Qualifying Offer to their Full-Time Employee, Peter Davignon (SSN 000000581) of minimal essential coverage providing minimum value and at least minimal essential coverage to his spouse and dependent(s). The employee contribution for self-only coverage is equal to or less than 9.5% of the single federal poverty line.

Peter, his spouse Sally Davignon (SSN 000000583) and dependent Rene Davignon (SSN 000000585) enrolled in the coverage offered for all 12 months. A second child,

Teddy Davignon (SSN 000000589), was born on June 28, 2015 and enrolled in coverage from June 1st through December 31st inclusive.

Darrtestfive chooses to complete the Part II “Offer of Coverage” code in the “All 12 Months” column and not to enter any Safe Harbor codes at all.

Darrtestfive chooses to complete the Part III “Covered all 12 Months” box for covered individuals when applicable.

Peter and his family reside at 5991 Sycamore Lane, Sandy, UT, 84094.

Scenario 5-3 Employee 3: Rose Davichi

Darrtestfive provides self-insured health coverage.

Darrtestfive made an Offer of Coverage to their Part-Time Employee, Rose Davichi (SSN 000000577), her spouse and dependents. Rose, her spouse Omar Davichi (SSN 000000578) and her dependent, Sam Davichi (SSN 000000579) enrolled in the coverage for all 12 months of the year.

Dependent Erica Davichi was added to the policy in July and continued coverage monthly through December. Erica was not covered by the plan prior to July. Darrtestfive did not have Erica’s SSN on file but lists her birthdate as 2005-12-05 (YYYY-MM-DD).

Darrtestfive chooses to complete the Part II “Offer of Coverage” code in the “All 12 Months” column and not to enter any Safe Harbor codes at all.

Darrtestfive chooses to complete the Part III “Covered all 12 Months” box for covered individuals when applicable.

Rose and her family reside at 847 Walnut Avenue, Roy, NM, 87743.