

Tax Year 2016 / Processing Year 2017

Predefined Scenario

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

Instructions: Prepare a transmission using the Tax Year 2016 1094-C and 1095-C Forms for an Applicable Large Employer (ALE). In this scenario, Gammtestfour County is the ALE who will be reporting health coverage information for two of their employees. This scenario is for an ALE (Gammtestfour County) who will have a Designated Government Entity (DGE) (Gammtestfour State Government) completing the ACA Forms on their behalf. This scenario will complete lines 9-16 on the 1094-C. This ALE does not offer Employer Self Insured Coverage.

1094-C Submission Narrative Information

Scenario 4-0

Part I ALE Information

ALE Name: Gammtestfour County

Employer Identification Number (EIN): 00-0000401

Address: 2946 Pear Street, West Bend, WI 53095

ALE Point of Contact: Danny Whitney

ALE Point of Contact Phone Number: 5551452365

DGE Name: Gammtestfour State Government

Employer Identification Number (EIN): 00-0000407

DGE Address: 1155 Alder Avenue, Madison, WI 53703

DGE Point of Contact: Sam Castle

DGE Point of Contact Phone Number: 5551115555

There are a total of 2 1095-Cs included with this transmittal.

This is not the authoritative transmittal for Gammtestfour County.

Signature, title and date can be left blank, as there is no requirement for these elements within TY2016.

1095-C Record Narrative Information

Scenario 4-1 Employee #1

Part I Employee

Employee: Erika Gaviton

SSN: 000-00-0411

Address: 1919 Pine Avenue, Germantown, WI 53022

Part II Employee Offer of Coverage

Gammtestfour County chooses to enter a Plan Start Month of January (“01”) showing the month in which the plan year begins.

Gammtestfour County did offer minimum essential coverage providing minimum value for Erika and at least minimum essential coverage offered to her dependent(s) (not spouse) for all 12 months of the 2016 tax year.

Erika’s Employee Required Contribution, for Self-Only Minimum Coverage was \$105.00 per month. She

enrolled in the coverage that was offered to her for all 12 months of the 2016 tax year.

Gammtestfour County entered the Applicable Section 4980H Safe Harbor Code for the months Erika was enrolled in the coverage her employer offered for all 12 months of the 2016 tax year.

Note: There are 2 correct ways to complete this form. In this scenario entries for the Offer of Coverage, Employee Required Contribution and Safe Harbor Codes should be entered in the All 12 months column.

Scenario 4-2 Employee #2

Part I Employee

Employee: Ida Gavitas

SSN: 000-00-0422

Address: 2845 Plum Street, West Bend, WI 53095

Part II Employee Offer of Coverage

Gammtestfour County chooses to enter a Plan Start Month of January ("01") showing the month in which the plan year begins.

Gammtestfour County did offer minimum essential coverage providing minimum value for Ida and at least minimum essential coverage to her dependent(s) and spouse from January 1st to July 31st (inclusive).

Ida's Employee Required Contribution, for Self-Only Minimum Coverage was \$152.00 per month. She enrolled in the coverage that was offered to her for the months of January 1st to July 31st (inclusive). Ida terminated her employment on July 31st and was not offered coverage for the months from August 1st through December 31st (inclusive).

Gammtestfour County entered the Applicable Section 4980H Safe Harbor Code for the months Ida was enrolled in the coverage her employer offered from January 1st to July 31st (inclusive) and those months in which she was not employed.