

Tax Year 2017 / Processing Year 2018
Predefined Based Scenario
Submission 3 Narratives – (Test Scenarios 3-0, 3-1)

Instructions: Prepare a transmission using the Tax Year 2017 1094-C and 1095-C Forms for an Applicable Large Employer (ALE). In this scenario, Selitestthree is the ALE who will be reporting health coverage information for one of their employees. This ALE does not offer Employer Self Insured Coverage.

1094-C Submission Narrative Information

Scenario 3-0

Part I ALE Information

ALE Name: Selitestthree

Employer Identification Number (EIN): 00-0000301

Address: 6689 Willow Court, Beverly Hills, CA 90211

ALE Point of Contact: Rose Lincoln

ALE Point of Contact Phone Number: 5559876543

There is a total of 1 1095-C included with this transmittal.

This is the authoritative transmittal for Selitestthree.

Part II ALE Member Information

Selitestthree will have a total of 455 Form 1095-Cs filed by and/or on its behalf.

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

Signature, title and date can be left blank, as there is no requirement for these elements within TY2017.

Part III ALE Member Information – Monthly

Selitestthree offered minimum essential coverage (column a) to at least 95% of their Full-Time Employees and dependents from January 1st through December 31st (inclusive).

The Section 4980H Full-Time (column b) and Total Employee Count (column c) for all 12 months are as follows:

Month	Section 4980H Full-Time Employee Count for ALE Member	Total Employee Count for ALE Member
Jan	312	351
Feb	312	352
Mar	315	358
Apr	320	365
May	322	369
June	325	376
July	329	372
Aug	333	369
Sept	341	366
Oct	344	363

Nov	361	377
Dec	372	385

Note: There are 2 correct ways to complete this form. Entries for Minimum Essential Coverage Offer Indicator (column a) and Aggregated Group Indicator (column d) could be listed within the All 12 Months line (line 23) or within each of the individual month lines (lines 24-35). **In this 1094-C submission these entries should be completed within the All 12 Months line 23.**

Part IV Other ALE Members of the Aggregated ALE Group

Selitestthree Subsidiary One	EIN 00-0000302
Selitestthree Subsidiary Two	EIN 00-0000303
Selitestthree Subsidiary Three	EIN 00-0000304
Selitestthree Subsidiary Four	EIN 00-0000305

1095-C Record Narrative Information

Scenario 3-1 Employee #1

Part I Employee

Employee: Teresa Southern

SSN: 000-00-0350

Address: 342 Ash Avenue, Seattle, WA 98104

Part II Employee Offer of Coverage

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

Theresa Southern became an employee of Selitestthree in June 2017. Selitestthree offered minimum essential coverage providing minimum value for Teresa Southern and at least minimum essential coverage to her dependent(s) and spouse from June 1st to December 31st (inclusive).

Teresa’s Employee Required Contribution for Self-Only Minimum Coverage was \$139.00 per month. She enrolled in the coverage that was offered to her for the months of June 1st to December 31st (inclusive).

Selitestthree entered the Applicable Section 4980H Safe Harbor Code for the months Teresa was enrolled in the coverage her employer offered from June 1st to December 31st (inclusive).