

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

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

Submission Narrative

Washington County Government (Employer Identification Number (EIN) 005234501), 2946 Pear Street, West Bend, WI 53095 is an Applicable Large Employer (ALE).

Danny Whitney is the point of contact for Washington County Government and may be contacted at 5551452365.

This is not the Authoritative Transmittal for Washington County Government.

State of Wisconsin is the Designated Government Entity (EIN 005234513), 1155 Alder Avenue, Madison, WI 53703.

Sam T Castle is the point of contact for State of Wisconsin and may be contacted at 5551115555.

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

General Information for Forms 1095-C

The contact telephone number on each Form 1095-C is 5551451095.

While not required, Washington County Government chooses to enter the optional Plan

Start Month on each Form 1095-C: "01"

Scenario 4-1 Employee 1: Erika C Alverstone

Washington County Government offered coverage to their Full-Time Employee, Erika C Alverstone, for all 12 months in 2015. They offered minimum essential coverage providing minimum value for Erika C Alverstone (Social Security Number (SSN) 400001001) 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: While it is understood that there are two correct ways to complete Part II, in this AATS Scenario, please select the “All 12 Months” check box when applicable rather than entering data in each of the 12 monthly check boxes.

Erika C Alverstone resides at 1919 Pine Avenue, Germantown, WI 53022 0123

Scenario 4-2 Employee 2: Ida R Massive

Washington County Government offered coverage to their Full-Time Employee, Ida R Massive, from January 1st through July 31st inclusive. They offered minimum essential coverage providing minimum value for Ida R Massive (SSN 400001002) 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 R Massive 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 R Massive resides at 2845 Plum Street, West Bend, WI 53095

Scenario 4-3 Employee 3: Larry S Evans

Washington County Government offered coverage to their Full-Time Employee, Larry S Evans, from August 1st through December 31st inclusive. They offered minimum essential coverage providing minimum value for Larry S Evans (SSN 400001003) 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 Washington County Government 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 S Evans resides at 2546 Red Cedar Lane, Germantown, WI 53022 0123.

Scenario 4-4 Employee 4: Kyle S Black

Washington County Government offered coverage to their Full-Time Employee, Kyle S Black, from February 1st to December 31st inclusive. They offered minimum essential coverage providing minimum value for Kyle S Black (SSN 400001004) 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 Washington County Government 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 S Black resides at 355 Maple Lane, West Bend, WI 53095