

Submission 5 (Test scenarios 5-0, 5-1, 5-2, 5-3)

Instructions: Prepare a submission for Nile Amalgamated Inc 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

Nile Amalgamated Inc (Employer Identification Number (EIN) 005234502), 4689 Redwood Avenue, Austin, TX 78755 is an Applicable Large Employer (ALE).

Susan C Williamson is the point of contact for Nile Amalgamated Inc and may be contacted at 5551234567.

This is the authoritative transmittal for Nile Amalgamated Inc.

Nile Amalgamated Inc will have a total of 322 Forms 1095-C filed by and/or on its behalf. Only three of the 322 employees are included in this submission.

Nile Amalgamated Inc 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, Nile Amalgamated Inc qualifies for and is certifying that it is eligible for the Qualifying Offer Method and the Section 4980H Transition Relief Method.

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

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 columns (a) through (d). You should select line 23 for column (e) Section 4980H Transition Relief Indicator.

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 monthly Full Time Employee Count is 316 and the Total Employee Count 335. For the month of July, the Full Time Employee Count is 318 and the Total Employee Count is 335. For the months August through December inclusive, the 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: Potomac Incorporated (EIN 005237699)

General Information for Forms 1095-C

The contact telephone number for each Form 1095-C is 5551234545.

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

Nile Amalgamated Inc chooses to enter the optional Plan Start Month on each Form 1095-C: "01".

Scenario 5-1 Employee 1: Odette E Rainer

Nile Amalgamated Inc provides self –insured health coverage.

Nile Amalgamated Inc made a Qualifying Offer to their Full-Time Employee, Odette E Rainer (Social Security Number (SSN) 400001006) 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 C Rainer, her dependents Mindy Rainer (SSN 400001007) and Nicolas B Rainer (SSN 400001008) enrolled in the coverage offered for all 12 months. Peter C Rainer's SSN was not on file at Nile Amalgamated Inc; However, his birthdate is listed as 1970-02-06 (YYYY-MM-DD).

Nile Amalgamated Inc 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.

Nile Amalgamated Inc 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 B Blanca

Nile Amalgamated Inc provides self–insured health coverage.

Nile Amalgamated Inc made a Qualifying Offer to their Full-Time Employee, Peter B Blanca (SSN 400001009) 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 R Blanca (SSN 400001010) and dependent Rene T Blanca (SSN 400001012) enrolled in the coverage offered for all 12 months.

A second child, Teddy D Blanca (SSN 400001011), was born on June 28, 2015 and was enrolled in coverage from June through December inclusive.

Nile Amalgamated Inc 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.

Nile Amalgamated Inc 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 R Crestone

Nile Amalgamated Inc provides self-insured health coverage.

Nile Amalgamated Inc made an Offer of Coverage to their Part-Time Employee, Rose R Crestone (SSN 400001013), her spouse and dependents. Rose, her spouse Omar P Crestone (SSN 400001014) and her dependent, Sam R Crestone (SSN 400001015) enrolled in the coverage for all 12 months of the year.

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

Nile Amalgamated Inc 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.

Nile Amalgamated Inc 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.