

Submission 7 Narratives – (Test Scenarios 7-0, 7-1)

Instructions: Prepare a submission for Cypress Affiliated who is reporting health care coverage for one employee. The information to be included in this submission is provided in the following narrative.

Submission Narrative

Cypress Affiliated (Employer Identification Number (EIN) 005315467), 109 Cypress Cove, Wimberley, TX 78676 is an Applicable Large Employer (ALE).

Carla Hayes is the point of contact for Cypress Affiliated and may be contacted at 5551552899.

This is the authoritative transmittal for Cypress Affiliated.

Cypress Affiliated will have a total of 103 Forms 1095-C filed by and/or on its behalf. Only one of the 103 is included in this submission.

Cypress Affiliated is not an ALE member of an Aggregated Group.

While it is not required to check any boxes on line 22 Cypress Affiliated qualifies for and is choosing to only use the 98% Offer Method.

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

The Full Time Employee Count and the Total Employee Count for Cypress Affiliated were 103 during 2015.

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, Cypress Affiliated chooses to enter the Part III ALE Member Information on Line 23 “All 12 Months” where applicable.

General Information for Form 1095-C:

While not required Cypress Affiliated chooses to enter the following optional Plan Start Month on each Form 1095-C: “01”.

Scenario 7-1 Employee 1: Scarlett Bird

Cypress Affiliated offered coverage to their Full-Time Employee, Scarlett Bird, for all 12 months in 2015. They offered minimum essential coverage providing minimum value for Scarlett Bird (SSN 400007001) and her dependent(s) (not spouse).

Scarlett's share of the lowest cost monthly premium for self only minimum essential coverage was \$115.00 per month. She enrolled in coverage offered for all 12 months.

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.

Scarlett resides at 420 Falcon Lane, San Juan Capistrano, CA 92693.