

**Tax Year 2018 / Processing Year 2019**

**Predefined Scenario**

**Submission 6 Narratives – (Test Scenarios 6-0, 6-1)**

**Instructions:** Prepare a transmission using the Tax Year 2018 1094-B and 1095-B Forms for an issuer of health coverage. In this scenario Parktestsix Medicaid is the issuer who will be reporting Medicaid coverage information for one responsible individual.

**1094-B Submission Narrative Information**

**Scenario 6-0**

**Filer's Name:** Parktestsix Medicaid

**Employer Identification Number (EIN):** 00-0000631

**Name of person to contact:** Elias Koop

**Contact telephone number:** 5554052543

**Address:** 65 Health Avenue

**City:** Austin

**State of province:** TX

**Country and ZIP or foreign postal code:** 78741

**Total number of Forms 1095-B submitted with this transmittal:** 1

Signature, title and date can be left blank, as there is no requirement for these elements in TY2018.

**1095-B Record Narrative Information**

**Scenario 6-1 Responsible Individual #1**

**Part I Responsible Individual**

**Responsible Individual Name:** Maria Nichols

**Social Security Number (SSN):** 000-00-0601

**Date of Birth (if no SSN available):** not applicable for this scenario

**Address:** 1724 Hurst Street

**City:** San Marcos

**State:** TX

**Country and ZIP or foreign postal code:** 78666

**Enter letter identifying Origin of the Health Coverage:** C – Government-Sponsored Program

**Part II Information about Certain Employer-Sponsored Coverage** – no need to complete this section for this scenario

**Part III Issuer or Other Coverage Provider**

**Filer's Name:** Parktestsix Medicaid

**Employer Identification Number (EIN):** 00-0000631

**Contact telephone number:** 5554052543

**Address:** 65 Health Avenue

**City:** Austin

**State of province:** TX

**Country and ZIP or foreign postal code:** 78741

**Part IV Covered Individuals**

Maria and her spouse, Max, were covered under the policy for all 12 months from January 1<sup>st</sup> through December 31<sup>st</sup> (inclusive). Maria's dependent, Jane Nichols, was only covered under the policy for the months of October 1<sup>st</sup> to December 31<sup>st</sup>.

**Responsible Individual:** Maria Nichols 000-00-0601

**Spouse:** Max Nichols 000-00-0602

**Dependent:** Jane Nichols's SSN was not on file with Parktestsix Medicaid. However, her birthday is listed as 2018-10-27 (YYYY-MM-DD).

**Note:** While it is understood that there are two correct ways to complete Part IV, in this AATS Scenario, please select the "Covered all 12 months" check box rather than entering data in each of the 12 monthly check boxes for Maria and Max.