SAMPLE ONLY DRAFT, V2, Updated 1-11-16

Scenario 1: Member with family coverage all year. Member adds a newborn child, DOB 6/6/15, coverage starts 6/6/15.

1095-C, Part III, Column:	n/a	n/a	n/a	n/a	n/a	n/a	n/a	а	а	а	b	С	d	е	e e	е	е	е	е	е	е	е	е	e
		Employee	Employee	Employee	Employee	Plan		Covered Individual	Covered	Covered Individual	Covered Individual	Covered Individual	All 12											
File, Header Columns:	Co#	FN	MI	LN	SSN	Code	Plan Description	FN	Individual MI	LN	SSN	DOB	Months	Jan Fe	b Mar	Apr	May	Jun .	Jul /	Aug S	Sept 0	Oct	Nov De	ac
File, Member Info:	55794	John	E	Doe	123-45-6789	A522	Standard PPO	John	E	Doe	123-45-6789	1/1/1955	Χ											
	55794	John	E	Doe	123-45-6790	A522	Standard PPO	Mary	I	Doe	234-56-7890	2/2/1955	Χ											
	55794	John	E	Doe	123-45-6791	A522	Standard PPO	Freddie	P	Doe	345-67-8901	3/3/2003	Х											
	55794	John	E	Doe	123-45-6792	A522	Standard PPO	Janie	В	Doe		6/6/2015						Χ	Χ	Χ	Χ	Χ	X	Χ

Scenario 2: New Employee, hired 2/10, insurance effective 4/1

1095-C, Part III, Column:	n/a	n/a	n/a	n/a	n/a	n/a	n/a	а	а	а	b	С	d	е	e e	е	е	е	е	е	е	е	е	е
								Covered		Covered	Covered	Covered												
		Employee	Employee	Employee	Employee	Plan		Individual	Covered	Individual	Individual	Individual	All 12											
File, Header Columns:	Co#	FN	MI	LN	SSN	Code	Plan Description	FN	Individual MI	LN	SSN	DOB	Months	Jan F	eb Ma	r Apr	May	Jun	Jul	Aug	Sept	Oct N	Nov [ec
File, Member Info:	55790	Mickey	D	Mouse	987-65-4321	A520	LivingWell CDHP	Mickey	D	Mouse	987-65-4321	12/15/1994				Х	Х	Х	Х	Х	Χ	Х	Х	Х

Scenario 3: Employee stops working 9/6, insurance stops 9/15. Employee does not elect COBRA.

1095-C, Part III, Column:	n/a	n/a	n/a	n/a	n/a	n/a	n/a	а	а	а	b	С	d	е	e e	e	е	е	е	е	е	е	e e
								Covered		Covered	Covered	Covered											
		Employee	Employee	Employee	Employee	Plan		Individual	Covered	Individual	Individual	Individual	All 12										
File, Header Columns:	Co#	FN	MI	LN	SSN	Code	Plan Description	FN	Individual MI	LN	SSN	DOB	Months	Jan F	eb Ma	r Apr	May	Jun	Jul	Aug S	Sept (Oct N	ov Dec
File, Member Info:	55790	Donald	Q	Duck	876-54-3210	A523	Standard CDHP	Donald	Q	Duck	876-54-3210	8/20/1985		Х	X X	X	Х	Х	Х	Х	Χ		

Employee stops working 9/6, insurance stops 9/15. Employee elects COBRA self-only coverage starting 9/16.

Scenario 4: Note - The KEHP, as issuer, will report COBRA coverage period 9/16 through 12/31 by issueing 1095-B form to the member, and 1094-B to the federal government.

1095-C, Part III, Column:	n/a	n/a	n/a	n/a	n/a	n/a	n/a	а	а	а	b	С	d	е	е	е	e	e e	: 6	e e	е	е	е	е
								Covered		Covered	Covered	Covered												
		Employee	Employee	Employee	Employee	Plan		Individual	Covered	Individual	Individual	Individual	All 12											
File, Header Columns:	Co#	FN	MI	LN	SSN	Code	Plan Description	FN	Individual MI	LN	SSN	DOB	Months	Jan	Feb N	/lar Ap	or M	ay Jur	ı Jul	Aug	Sept	Oct	Nov	ec
File, Member Info:	55790	Junie	В	Jones	543-21-0987	A521	LivingWell PPO	Junie	В	Jones	543-21-0987	11/14/1980		Χ	Х	Х	Х	X X	: X	(X	Х			

Scenario 5:	Employee enrolled in Waiver HRA plan, all yea
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1095-C, Part III, Column:	n/a	n/a	n/a	n/a	n/a	n/a	n/a	а	a	а	b	С	d	е	е	e e	е	е	е	е	е	е	е	е
								Covered		Covered	Covered	Covered												
		Employee	Employee	Employee	Employee	Plan		Individual	Covered	Individual	Individual	Individual	All 12											
File, Header Columns:	Co#	FN	MI	LN	SSN	Code	Plan Description	FN	Individual MI	LN	SSN	DOB	Months	Jan F	eb M	lar Apr	Mar	Jun	Jul	Aug	Sept	Oct N	Nov [ec
File, Member Info:	55790	Jimmy	Α	Cricket	765-43-2109	A528	Waiver with HRA	Jimmy	Α	Cricket	765-43-2109	7/4/1950	Х											

Scenario 6: Employee enrolled in waiver no hra, forced waiver, or waiver D&V HRA, all year.

1095-C, Part III, Column:	n/a	n/a	n/a	n/a	n/a	n/a	n/a	а	a	а	b	С	d	е	е	е	е	е	е	е	е	е	е	е	е
								Covered		Covered	Covered	Covered													
		Employee	Employee	Employee	Employee	Plan		Individual	Covered	Individual	Individual	Individual	All 12												
File, Header Columns:	Co#	FN	MI	LN	SSN	Code	Plan Description	FN	Individual MI	LN	SSN	DOB	Months	Jan	Feb [Mar A	pr I	vlay .	Jun	Jul	Aug	Sept	Oct	Nov	Dec
File, Member Info:	55790	Fairy	0	Godmother	654-32-1098	A527	Waive without HRA																		

QL EX 2

9/15/2015 UPDATED 1/11/16