IMPORTANT ACTION REQUIRED: Dependent Eligibility Verification Period Has Arrived

As notified earlier, the State of Kansas has contracted with the Aon Dependent Verification Center to perform dependent eligibility reverification on its behalf for all dependents enrolled in the State Employee Health Plan (SEHP - the Plan). We understand this process requires both time and effort on your part and want you to know that the Dependent Verification Center is here to help you. We appreciate your commitment to help in maintaining plan compliance and managing healthcare costs by ensuring that only eligible dependents are enrolled.

All employees are required to provide legible proof of eligibility in English for all enrolled dependents. Instructions on how to submit verification and documentation requirements are enclosed. To determine who is considered an eligible dependent, refer to the "Eligibility Rules and Documentation Required" section of the enclosed instructions.

The Dependent Verification Center will review your submitted documentation and notify you of your status. If we have not successfully verified your dependent(s) by May 17, 2017, your dependent(s) will be removed from the Plan effective June 30, 2017. Please make sure you respond in a timely manner and provide the requested documentation. The Plan reserves the right to request verification of dependent status at any time and will pursue any fraudulent activity, which may result in disciplinary action including repayment of claims paid on ineligible dependents dating back to original enrollment and/or termination of employment.

The next opportunity to enroll your eligible dependent(s) will be during this fall’s open enrollment for Plan Year 2018.

If you have questions about the verification process, please call the Dependent Verification Center at 1-800-725-5810. The Dependent Verification Center is available from 7 a.m. to 10 p.m. Central Time, Monday through Friday.

You can view your audit status, obtain documents and access helpful information at www.yourdependentverification.com/plan-smart-info.

   Login Name - SK + Your Dependent Verification ID. (Example SK1234567)
   Your Dependent Verification ID can be found at the bottom center of this page.
   Password - This is your date of birth in mmddyy format. (Example 013168)
   You will be instructed to change your password upon entering the secured site.

You may submit your documentation by:
   Online Upload: www.yourdependentverification.com/plan-smart-info
   Secure Fax: 1-877-965-9555
   Mail: Dependent Verification Center, P.O. Box 1414, Lincolnshire, IL 60069-1414
We appreciate your commitment in helping the State of Kansas maintain compliance and manage healthcare costs by ensuring only eligible dependents are enrolled.

This document was written for easy readability. Therefore, it may contain generalizations or informal terms, rather than precise legal language. For full details, including eligibility, consult the Benefit Description, Summary of Material Modification or the official plan document. In all cases, the official plan documents govern and are the final authority on the terms of the Plan. State of Kansas reserves the right to terminate or amend any and all benefit plans. Participation in the Plan is neither a contractual right nor a guarantee of current or future employment.

Si tiene preguntas acerca de la auditoria o el proceso, llame al Centro de Verificacion de Dependientes al 1-800-725-5810. La linea de ayuda esta disponible de Lunes a Viernes de 7 a.m. a 10 p.m. hora Central (CT).
FOR EXPEDITED PROCESSING BY FAX OR MAIL, PLEASE INCLUDE THIS COVER SHEET ALONG WITH YOUR SUBMITTED DOCUMENTS.

COVER SHEET IS FORMATTED FOR SPECIFIED PARTICIPANT ONLY INCLUSION OF OTHER PARTICIPANT DOCUMENTATION MAY RESULT IN A DELAY IN PROCESSING PLEASE ALLOW 3 – 5 BUSINESS DAYS UPON RECEIPT FOR DOCUMENT PROCESSING.

Fax

To: Dependent Verification Center

From:

Fax: 1-877-965-9555

Pages:

Phone:

Date:

Re:

Company: State of Kansas

Please fax this sheet and accompanying documents to 1-877-965-9555 (secure FAX line)

Place the initials of the dependent types below next to your dependent(s)' name to the right.

LS- Legal Spouse
DP- Domestic Partner
BC- Biological Child
SC- Step Child
FC- Foster Child
CUP- Civil Union Partner
CLS- Common Law Spouse
AC- Adopted Child
LW- Legal Ward

If you would like us to contact you to provide assistance, check the box below.

[ ] Please contact me at this phone number.

*Print legibly and use 1 box for each number.

Phone:  

Dependent List

<table>
<thead>
<tr>
<th>Name</th>
<th>Date of Birth</th>
<th>Relationship</th>
<th>Type</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

IMPORTANT: Deadline to verify dependent(s) listed above is 5/25/2017

*Locate the Type from the ID column of the attached Eligibility Rules and Documentation Required list.
HOW DO I VERIFY MY DEPENDENTS?

STEP 1: Review the list of the dependents you have enrolled and match each of them to a dependent type listed in the “Eligibility Rules and Documentation Required” section.

STEP 2: For each dependent type you will find the eligibility requirements and a list of document options required to verify that particular dependent type.

STEP 3: Once you have matched your dependents to types, gather all the necessary documents and forward them to the Dependent Verification Center by:

Online Upload: www.yourdependentverification.com/plan-smart-info
Secure Fax: 1-877-965-9555
Mail: Dependent Verification Center, P.O. Box 1414, Lincolnshire, IL 60069-1414

If you have questions or need assistance, please call the Dependent Verification Center at 1-800-725-5810. Representatives are available Monday through Friday, from 7 a.m. to 10 p.m. Central Time.

DOCUMENTATION REQUIREMENTS AND THINGS TO REMEMBER

- SEND COPIES ONLY!
- White out Social Security numbers appearing on any documents submitted.
- Send the first and 2nd page of your filed prior year federal tax return (Form 1040, 2040a or Form 8879 IRS e-file) that shows your dependents. Please note all monetary amounts may be whited out and pages 1 & 2 must contain the filer’s name, the employee and spouse’s signature, and a written signature date the employee and spouse each signed the form.
- Documents proving joint ownership are: mortgage statements, credit card statements, bank statements, property tax statements, and current, non-expired residential leasing agreements listing both parties’ names as co-owners. The joint ownership may be established prior to the current year, however, the statement provided must be issued within the last six months, or still current if a residential lease.
Below is a list of eligibility rules and documents required to verify the eligibility of each dependent. In some cases, at least TWO forms of documentation are required. Please read carefully.

<table>
<thead>
<tr>
<th>ID</th>
<th>Dependent Type</th>
<th>Age</th>
<th>Eligibility Requirements</th>
</tr>
</thead>
<tbody>
<tr>
<td>LS</td>
<td>Legal Spouse</td>
<td>N/A</td>
<td>- Your husband or wife under Federal Law</td>
</tr>
</tbody>
</table>

**Document Options for Verifying Eligibility:**
- Current Year's Federal Tax Return Listing Spouse
- OR
- Proof of Joint Ownership Issued Within Last 6 Months

| CLS | Common Law Spouse            | N/A          | - Your common law spouse under state law                      |

**Document Options for Verifying Eligibility:**
- Current Year's Federal Tax Return Listing Spouse
- OR
- Proof of Joint Ownership Issued Within Last 6 Months

| DBC | Disabled Biological Child    | Age 26 and over | - Must be your biological child                                |
|     |                              |                | - Must be medically certified as disabled                       |
|     |                              |                | - Must be financially supported by you or your spouse          |

**Document Options for Verifying Eligibility:**
- Current Year's Federal Tax Return Claiming Child

| DAC | Disabled Adopted Child       | Age 26 and over | - Must be your adopted child                                    |
|     |                              |                | - Must be medically certified as disabled                       |
|     |                              |                | - Must be financially supported by you or your spouse          |

**Document Options for Verifying Eligibility:**
- Current Year's Federal Tax Return Claiming Child

| SC  | Step-Child                   | Up to age 26   | - Must be your spouse's child                                  |

**Document Options for Verifying Eligibility:**
- Current Year's Federal Tax Return Listing Spouse
- OR
- Proof of Joint Ownership Issued Within Last 6 Months

| DS  | Disabled Step-Child          | Age 26 and over | - Must be your spouse's child                                  |
|     |                              |                | - Must be medically certified as disabled                       |
|     |                              |                | - Must be financially supported by you or your spouse          |

**Document Options for Verifying Eligibility:**
- Current Year's Federal Tax Return Claiming Child and Listing Spouse
### Dependents Types

<table>
<thead>
<tr>
<th>Type</th>
<th>Age</th>
<th>Eligibility Requirements</th>
</tr>
</thead>
</table>
| DW Disabled Legal Ward | Age 26 and over | • Must be your legal ward as ordered by the court  
• Must be medically certified as disabled  
• Must be financially supported by you or your spouse |
| GC Grandchild | Up to age 26        | • Must be your grandchild  
• Your child must also be covered on the Plan  
• Must be financially supported by you and your spouse |
| DG Disabled Grandchild | Age 26 and over | • Must be your grandchild  
• Your child must also be covered on the Plan  
• Must be medically certified as disabled  
• Must be financially supported by you and your spouse |

**Document Options for Verifying Eligibility:**

- Current Year's Federal Tax Return Claiming Child
- Grandchild Affidavit and Current Year's Federal Tax Return Claiming Child

*The above benefit descriptions describe the plan(s) generally, and in summary form only. In the event of a conflict between what is stated in this document and the governing plan document(s), the plan document(s) will control.*