



DEPENDENT VERIFICATION CENTER
P.O. BOX 1415
LINCOLNSHIRE, IL 60069-1415
Return Service Requested

4/10/2017

002244

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TIME SENSITIVE MATERIALS ENCLOSED

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 línea 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.

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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.

Dependent List

Name

Date of Birth Relationship Type*

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

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.*

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:

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DEPARTMENT OF
SOCIAL SERVICES
COMMUNITY CARE



DEPENDENT VERIFICATION CENTER
P.O. BOX 1414
LINCOLNSHIRE, IL 60069-1414

ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED

HOW DO I VERIFY MY DEPENDENTS?

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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.*

ELIGIBILITY RULES AND DOCUMENTATION REQUIRED

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.

ID	Dependent Type	Age	Eligibility Requirements
LS	Legal Spouse	N/A	<ul style="list-style-type: none"> Your husband or wife under Federal Law <p>Document Options for Verifying Eligibility: Current Year's Federal Tax Return Listing Spouse OR Proof of Joint Ownership Issued Within Last 6 Months</p>
CLS	Common Law Spouse	N/A	<ul style="list-style-type: none"> Your common law spouse under state law <p>Document Options for Verifying Eligibility: Current Year's Federal Tax Return Listing Spouse OR Proof of Joint Ownership Issued Within Last 6 Months</p>
DBC	Disabled Biological Child	Age 26 and over	<ul style="list-style-type: none"> Must be your biological child Must be medically certified as disabled Must be financially supported by you or your spouse <p>Document Options for Verifying Eligibility: Current Year's Federal Tax Return Claiming Child</p>
DAC	Disabled Adopted Child	Age 26 and over	<ul style="list-style-type: none"> Must be your adopted child Must be medically certified as disabled Must be financially supported by you or your spouse <p>Document Options for Verifying Eligibility: Current Year's Federal Tax Return Claiming Child</p>
SC	Step-Child	Up to age 26	<ul style="list-style-type: none"> Must be your spouse's child <p>Document Options for Verifying Eligibility: Current Year's Federal Tax Return Listing Spouse OR Proof of Joint Ownership Issued Within Last 6 Months</p>
DS	Disabled Step-Child	Age 26 and over	<ul style="list-style-type: none"> Must be your spouse's child Must be medically certified as disabled Must be financially supported by you or your spouse <p>Document Options for Verifying Eligibility: Current Year's Federal Tax Return Claiming Child and Listing Spouse</p>



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ID	Dependent Type	Age	Eligibility Requirements
DW	Disabled Legal Ward	Age 26 and over	<ul style="list-style-type: none"> • 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

Document Options for Verifying Eligibility:

Current Year's Federal Tax Return Claiming Child

GC	Grandchild	Up to age 26	<ul style="list-style-type: none"> • Must be your grandchild • Your child must also be covered on the Plan • Must be financially supported by you and your spouse
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Document Options for Verifying Eligibility:

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

DG	Disabled Grandchild	Age 26 and over	<ul style="list-style-type: none"> • 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
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Document Options for Verifying Eligibility:

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.

