



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

5/5/2017

0000-1-1 HAE4 6677822 05-04-2017

SALLY TEST
123 MAIN STREET
ALBANY, NY 12201



TIME SENSITIVE MATERIALS ENCLOSED

ACTION REQUIRED - DEPENDENT ELIGIBILITY VERIFICATION REMINDER

The AON Dependent Verification Center is performing the dependent eligibility reverification for the State of Kansas - State Employee Health Plan (SEHP). You recently received a letter regarding the dependent verification audit that is being conducted by Aon Hewitt on behalf of the State of Kansas - State Employee Health Plan (SEHP). The Dependent Verification notice outlined the steps you will need to take to verify your dependent's eligibility. The purpose of this letter is to remind you that the last day to submit your dependent verification documentation is May 25, 2017.

As of the date of this letter, we have not received documentation to verify your dependent(s). Please contact us if you need any help through this process.

All required verification documents must be received by the AON Dependent Verification Center by May 25, 2017. If the AON Dependent Verification Center does not receive and verify your dependent(s)' eligibility by May 25, 2017, your dependent(s) will be removed from your State of Kansas - State Employee Health Plan (SEHP) effective June 30, 2017.

You can view your audit status, access helpful information and submit your documentation for verification 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 are here to help you. If you have questions about the verification process or document requirements, 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.

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).

Name	Status	
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This list represents the status of each of your dependents as of the date of this letter. Any more recent activity will not be reflected. Please note you will be notified by mail of the results within 10-14 days after your documentation is received. You may also visit the website to view the results within 3-5 business days of faxing or uploading your documents.



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: Sally Test

Fax: 1-877-965-9555

Pages:

Phone:

Date:

Re: 6677822

Company: State of Kansas



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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 page of your current federal tax return (Form 1040, 1040a or Form 8879 IRS e-file) that shows your dependents. Please note all monetary amounts may be whited out.
- 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. 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 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 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 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>			



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.



