

**From:** [donotreply@plan-smart.com](mailto:donotreply@plan-smart.com) [<mailto:donotreply@plan-smart.com>]

**Sent:** Thursday, April 20, 2017 1:11 AM

**To:** xxxxxx

**Subject:** DEPENDENT VERIFICATION NOTIFICATION

**To: Employee Name**

**Dependent Verification ID: xxxxx**

## **DEPENDENT VERIFICATION NOTIFICATION**

You recently enrolled dependent(s) in the State of Kansas State Employee Health Plan. As a result, you must submit documentation to reverify your dependent's eligibility. A Dependent Verification Notice was mailed to your home address outlining the steps you will need to take to verify your dependent's eligibility.

You can find the information that you need to start the verification process by accessing the Dependent Verification website at [www.yourdependentverification.com/plan-smart-info](http://www.yourdependentverification.com/plan-smart-info). On the Dependent Verification Home page, you will find a link to the "Dependent Eligibility Rules and Requirements". Click that link to view the documentation you will need to submit to verify your dependent's eligibility.

You may submit your documentation by:

**Online Upload :** [www.yourdependentverification.com/plan-smart-info](http://www.yourdependentverification.com/plan-smart-info)

**Secure Fax:** 1-877-965-9555

**Mail:** Dependent Verification Center, P.O. Box 1414, Lincolnshire, IL 60069-1414

**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.*