





DEPENDENT VERIFICATION
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February 6, 2012

ACTION IS REQUIRED. FAILURE TO RESPOND TO THIS VERIFICATION LETTER WILL RESULT IN THE REMOVAL OF YOUR DEPENDENT(S) FROM HEALTHCARE COVERAGE.

To ensure that only eligible dependents are covered under our healthcare plans, Northern Arizona University has retained the services of HMS Employer Solutions (HMS), an independent firm, to conduct a dependent eligibility verification program. This is a common practice that helps employers make sure their plans are compliant, competitive and cost effective. This process also helps manage overall plan costs, which benefits all employees.

In order to ensure that dependents enrolled in the healthcare plans meet the eligibility guidelines, HMS Employer Solutions has been authorized to obtain documentation regarding your enrolled dependents. Protecting your personal information is a priority to Northern Arizona University and HMS. All documents provided during the dependent verification program are securely stored and protected through physical, electronic and procedural safeguards. *For more information on privacy and security, please refer to the enclosed Frequently Asked Questions (FAQ).*

A detailed list of documents required to validate each dependent can be found on the reverse side of this letter. You must provide all required documentation for each enrolled dependent to HMS no later than MARCH 9, 2012. You will be notified by mail that all documentation has been received if all documents are submitted before MARCH 9, 2012.

As a reminder, eligible dependents are defined in your benefits summary as:

- Your spouse under a legal existing marriage
- Your qualifying Domestic Partner
- Your child to age 26
- Your child who has reached age 26 and is continuously incapable of self-sustaining employment because of mental or physical disability on the date the dependent reaches age 26 and is dependent on you for maintenance and support.

A child is defined as your natural biological child; stepchild; child of your domestic partner; legally adopted child or child under age 18 placed with you for adoption; foster child; a child for whom you or your spouse has been appointed the legal guardian, or a child for whom you are required to provide health insurance by a Qualified Medical Child Support Order.

To complete the dependent verification process, simply follow these steps:

- Carefully review the definition of an eligible dependent above.
- Indicate current eligibility and/or remove dependents who do not meet the definition of an eligible dependent.
- Collect all documents listed as **REQUIRED DOCUMENTS** on the reverse side of this letter.
- **SIGN** and **DATE** the signature box on the reverse side of the letter.
- Submit the **SIGNED LETTER** and copies of all **REQUIRED DOCUMENTS** to HMS Employer Solutions by **MARCH 9, 2012**. Please note original documents will not be returned.

If you have questions regarding this letter, please contact HMS Employer Solutions via any of the methods listed at the top of this letter.

Northern Arizona University appreciates your cooperation in this important effort to keep healthcare costs down.

Para asistencia en español o cualquier otro idioma, por favor comunicase con HMS Employer Solutions al phone Lunes a Viernes

See reverse side to complete (over) →

INDICATE ELIGIBILITY AND/OR REQUEST REMOVAL

Enrolled Dependent Name Relationship DOB	Does this dependent meet the DEFINITION OF AN ELIGIBLE DEPENDENT?		If NO , what date did the dependent no longer qualify as an eligible dependent?
	YES	NO	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	

For dependents that DO NOT meet the definition of an eligible dependent where 'NO' is marked above,
NO DOCUMENTATION IS REQUIRED AND COVERAGE WILL TERMINATE AS SOON AS ADMINISTRATIVELY POSSIBLE.

REQUIRED DOCUMENTS

All Required Documents **MUST** include date and/or year, employee name, and dependent's name.

FOR SPOUSE:

- A copy of your marriage certificate
- **And One Of the Following**
 - A copy of the front page your 2011 federal tax return confirming this dependent is your spouse
 - A document dated within the last 60 days showing current relationship status such as a monthly or quarterly household bill or statement of account. The document must list your spouse's name, the date and your mailing address.

FOR DOMESTIC PARTNER:

- A copy of your Declaration of Domestic Partnership
- **And ONE Of the Following**
 - Joint mortgage, joint property tax identification or joint tenancy on a residential lease
 - Joint bank, investment and/or credit account
 - Joint liabilities(credit card or automobile loans)
 - Joint ownership of real property or a common leasehold, interest in real property, such as a residence or business or common ownership of an automobile
 - A will which designates the other as the primary beneficiary or beneficiary form currently in effect for a retirement plan or life insurance policy setting forth that one partner is a beneficiary of the other
 - Designation of one another as holding power of attorney for health care or a general durable power of attorney for the other;

FOR CHILDREN up to age 26 and DISABLED CHILDREN:

- A copy of the child's birth certificate (or hospital birth record) or adoption certificate naming you or your spouse as the child's parent **OR**
- A copy of the court order naming you or your spouse as the child's legal guardian **AND**
- If this is your disabled child age 26 or older, provide a copy of the front page of your 2010 or 2011 filed 1040 federal tax return claiming them as your dependent.

Note for a stepchild (including a child of your domestic partner): If you are covering a stepchild and your spouse or domestic partner is not a covered dependent, you must also provide documentation of your current relationship to your spouse or domestic partner as requested above.

SIGNATURE AND DATE

By my signature of this form, I certify and warrant to Northern Arizona University that (1) all information on this form is true, correct, and current as of the date signed and (2) all documents submitted are authentic. I understand any attempt to maintain coverage for an ineligible dependent will be subject to appropriate disciplinary action.

Signature of Employee (REQUIRED): _____ Date: _____

FOR FASTER PROCESSING



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