



Explore Your Benefits

DEPENDENT VERIFICATION CENTER

P.O. BOX 1506

LINCOLNSHIRE, IL 60069-1506

Return Service Requested

0000-1-1 HAE3 10855237 01-07-2019 I

TIME SENSITIVE MATERIALS ENCLOSED

Your immediate action is required to ensure continued health benefit coverage for your eligible dependents.

As announced in prior notices, the SHBP/SEHBP is partnering with the Alight Dependent Verification Center to conduct a dependent eligibility verification audit (DEVA) in order to verify the eligibility of the dependents covered on your health benefit plan. **Please confirm your dependents' eligibility** for SHBP/SEHBP benefits by providing the Dependent Verification Center with a copy of the requested documentation as soon as possible. Failure to submit the requested documentation by 03/01/2019 will result in loss of coverage.

If you do not provide the required documentation by 03/01/2019, or your dependent(s) are not eligible according to the SHBP/SEHBP rules, your dependent(s) will be terminated from your health benefits coverage.

Steps to verify your dependents' eligibility:

Step One: Review the list of dependents printed on the back of this page and match each of them to the eligible dependent types listed on page 3. Refer to your Summary Plan Description for complete dependent eligibility rules and definitions.

Step Two: Once you have matched your dependents to their appropriate dependent type, gather all necessary documentation and review the verification tips on page 3.

Step Three: For accelerated determination, submit your documentation using secure online upload with your computer or smartphone:

Secure Online Upload: www.yourdependentverification.com/plan-smart-info (Allow 3 days for documentation to be reviewed; you can view your verification status online.)

Login Name - NJ + Your Dependent Verification ID. (Example NJ1234567)

*Your Dependent Verification ID can be found at the bottom center of this page. **You Must Add the NJ PREFIX before your Verification ID***

Password - This is the last 4 digits of your Social Security Number (SSN). (Example 1234)

You will be instructed to change your password upon entering the secured site.

You may also submit your documents via secure fax using the enclosed fax cover page or US mail:

Secure Fax: 1-866-961-6881 (Allow 5 days for documentation to be reviewed; you can view your verification status online.)

Mail: Dependent Verification Center, PO Box 1403, Lincolnshire, IL 60069-1403 (Allow 21 days from mail date for documentation to be reviewed and a response to be received via US mail.

DO NOT SEND IN ORIGINAL DOCUMENTS.)

Step Four: The Dependent Verification Center will review your submitted documentation; you can log into our online portal to view your status. We will also notify you of your status via U.S. mail.

*Please note that if you have had a qualifying life event change within the past 60 days unrelated to the DEVA, you must report the change to your human resources office in order for your dependent(s) to be eligible for COBRA. If you do not report the life event change within 60 days and you fail to submit documentation to verify your dependent(s), your dependent(s) will be terminated and COBRA will not be offered. Termination as a result of DEVA is not a COBRA qualifying event.

Si tiene preguntas acerca de la auditoría o el proceso, llame al Centro de Verificación de Dependientes al 1-833-372-8748. La línea de ayuda esta disponible de lunes a viernes de 8 a.m. a 11 p.m. hora del Este (ET).

Name	Status	
	Not verified	

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.

DOCUMENTATION TO SUBMIT:**Spouse & Partner** (Two documents required, one from Document A and one from Document B)Document A

- Government-Issued Marriage Certificate including date of marriage (document B not required if married in past 12 months)
- Certificate of Domestic Partner Registration
- Government-Issued Certificate of Civil Union Partnership

Document B

- 2017 or 2018 Federal Tax Return listing your spouse or partner
- Proof of Joint Ownership issued within the last 6 months

Child

- Biological Child: Government-Issued Birth Certificate
- Adopted Child: Government-Issued Birth Certificate or Adoption Certificate or Placement Agreement
- Step-Child: Government-Issued Birth Certificate **AND** both documents from A and B to verify Spouse or Partner
- Legal Ward: Government-Issued Birth Certificate **AND** Court Ordered Document of Guardianship
- Overage Child: Government Issued Birth Certificate(s) and/or legal documents to confirm relationship **AND** proof of full time student status OR child's 2017 or 2018 Federal Tax Return showing New Jersey residence
- Disabled Child: Relevant documentation listed above showing biologic, adopted, step, legal ward, or overage status **AND** 2017 or 2018 Federal Tax Return claiming child
(Note: Disabled Adopted Child cannot verify with a placement agreement or petition)
- Foster Child: Foster Care Letter of Placement

VERIFICATION TIPS:

- Birth certificates must be government-issued and must include parents' names.
- Proofs of Joint Ownership issued within the last 6 months include mortgage statements, bank statements, credit card statements, rental/lease agreements or property tax statements with both parties' names as co-owners.
- Send only the first page of your prior year Federal Tax Return (Form 1040) that shows your dependents, black out all financial information and Social Security numbers.
- Some states have laws that prohibit a person from copying vital records, such as birth certificates or marriage certificates. Contact your state or county vital records office for additional information.

For More Information:

Visit www.yourdependentverification.com/plan-smart-info using the instructions included in this letter to check your verification status, view notices, upload documentation, view our Security and Privacy policy, and more. If you have questions about the verification process, you can access our FAQ online or pose a question to a Dependent Verification representative via our secure mailbox. You can also contact the Dependent Verification Center at 1-833-372-8748. Representatives are available Monday - Friday from 8 a.m. to 11 p.m. Eastern Time.

Go Paperless!

If you would like to receive paperless notices in the future, please visit the Dependent Verification Portal site and enroll in paperless. You'll have convenient and secure access to all notices and will get more timely notifications. You will receive email notification when a new notice is ready to review. If you change your mind, you can return to paper notices at any time by changing your preference online.

For complete details about the terms of your benefit plans, please consult the plan's Summary Plan Description, any Summaries of Material Modification, and/or the plan document. In the event of a conflict between the information in this letter and the information located in the official plan documents, the official plan documents shall control.

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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 5 BUSINESS DAYS UPON RECEIPT FOR DOCUMENT PROCESSING.

Fax



To: **Dependent Verification Center**

From:

Fax: **1-866-961-6881**

Pages:

Phone:

Date:

Re:

Company: **State of New Jersey
(SHBP/SEHBP)**

Please fax this sheet and accompanying documents to 1-866-961-6881 (secure FAX line)

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

Dependent List

	<u>Name</u>	<u>Date of Birth</u>	<u>Relationship</u>
LS- Legal Spouse			
DP- Domestic Partner			
BC- Biological Child			
SC- Step Child			
FC- Foster Child			
	CUP- Civil Union Partner		
	AC- Adopted Child		
	LW- Legal Ward		

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P.O. BOX 1403
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