

##LongAuditDate##

##EmployeeName##

##EmployeeAddress1## ##EmployeeAddress2##

##EmployeeCity##, ##EmployeeState## ##EmployeeZipCode##

**Dependent Verification**

*We need your help to make sure your family members*

*are eligible for Walmart’s benefits.*

Dear ##EmployeeName##,

We support all of our Walmart families and it’s important to make sure any family member you enroll is eligible for Walmart’s benefits. As we continue to make benefits affordable, we need to confirm that only the expenses of eligible members are being covered. That’s why we need more information from you.

To help us collect documents and provide resources, we’ve partnered with Consova, experts in processing dependent verification.

We’ve included details on who can be covered on your benefits in this document. You can also find this information in the 2020 *Associate Benefits Book* on **One.Walmart.Com/FamilyCheck**.

**What you need to do**

Review your dependent(s) listed below and follow the steps outlined on the next page. **If you don’t respond to the documentation request by** **##LongDeadlineDate1## coverage for your listed family members will end.**

If a dependent is removed due to no response or an incomplete response by the deadline, they may only be added back to the Plan during Annual Enrollment or a valid status change.

**##Audit##**

**##HeaderStyle##**

**##DependentStyle##**

**Start here: Verify dependent eligibility**

Go to **One.Walmart.com/FamilyCheck** or scan the QR code below to access Consova’s secure portal.

**A close up of a logo

Description automatically generated**

**Are your family members listed above eligible for Walmart’s benefits?**

If **YES** see **“Submit documents”** section below

If **NO** see **“Drop coverage”** section below

**Please take action soon to avoid losing coverage for your listed family members.**

 **Submit documents**

Follow these steps to keep benefits for your eligible family members. Submit documents either online through a secure portal or mail copies directly to Consova.

**How to submit documents online:**

C:\Users\jwinne\Desktop\UploadButton.png

Select the “Upload Documents” button to upload the required documents. Please note: only PDF, JPEG, JPG, PNG, and HEIC file formats are accepted. **It’s important to black out the first five digits of any Social Security numbers**.

**How to submit documents through the mail:**

Please black out the first five digits of any Social Security numbers and attach copies of your documents along with a copy of this letter and mail to:

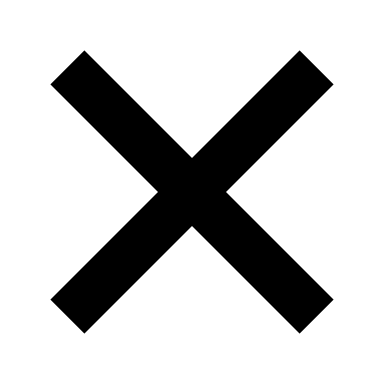
Consova

143 Union Blvd., Suite 800

Lakewood, CO 80228

**What to expect:**

Once documents are uploaded or mailed to Consova, allow three to five days for Consova to process them. Consova will mail you a letter updating your status, and notify you if any additional information is needed. This information will also be available online in the secure portal for you to check on.

 **Drop coverage**

For family members not eligible for Walmart’s benefits, you’ll need to drop their coverage.

**How to drop coverage:**



Select the “Report Dependent as Ineligible” button to advise that your dependent(s) are not eligible for coverage.

**What to expect:**

Coverage for the ineligible family members will end as soon as possible once Consova receives the ineligible dependent details from you.

Dropping coverage on your ineligible family member is the right thing to do and will not impact your job with Walmart.

|  |
| --- |
| **PinRemember:** If you don’t respond to the documentation request or send incomplete information, coverage will end for your family members listed above. |

**Have questions or need help?**

* Phone: Contact Consova’s Verification Assistance Center at **866-859-8792** Monday – Friday, 7:30 a.m. – 6:00 p.m. CT.
* Online: Go to One.Walmart.com/FamilyCheck to access Consova’s secure portal to view the status of your verification and upload verification documents. You can also get your Consova communications online by accessing Consova’s secure portal and setting your Communication Preferences in your Consova Profile. You will be able to view and download all of your Consova communications on the Dashboard in the communications area.

Sincerely,

Consova

**Dependent Documentation Request – What You Need to Submit to Consova**

See the 2020 *Associate Benefits Book* for eligibility details

| **Eligibility** | **Required Verification Documents** |
| --- | --- |
| ##SpouseDocument##  **Spouse**  Legally married spouse of associate is eligible for Walmart benefits if not legally separated. | A copy of marriage certificate or registration of informal marriage through county or state  **And**  A copy of page one through the signature line of your jointly filed federal tax return from the most recent tax season or both of your tax returns if you file separately. Please black out the first five digits of any Social Security numbers and any IRS Identity Protection PIN's. |
| ##DomesticPartnerDocument##  **Domestic Partner**  Domestic partner or "partner" of associate is eligible for Walmart benefits if you and your domestic partner:   * + Are in an exclusive and committed relationship similar to marriage and have been for at least 12 months   + Are not married to each other or anyone else   + Meet the age for marriage in your home state and are mentally competent to consent to contract   + Are not related in a manner that would bar a legal marriage in the state in which you live, and   + Are not in the relationship solely for the purpose of obtaining benefits coverage.   Alternatively, any other person to whom you are joined in a legal relationship recognized as creating some or all of the rights of marriage in the state or country in which the relationship was created is also a domestic partner. | A copy of the enclosed domestic partner affidavit (signed by you and your partner) or Civil Union or Domestic Partner Registration  **And**  Proof of relationship as evidenced by a copy of one of the following documents:   * Proof of shared residence via joint mortgage statement or rental agreement * Automobile title or registration showing joint ownership of vehicle * Joint checking, bank or investment account statement\* * Joint credit account statement\* * Joint utility bill\* * A will and/or life insurance policy which designates the other as primary beneficiary   **Please note:** \* These proof of relationship documents need to be dated within 60 days prior to the date of this letter. Insurance and medical-related documents will not be accepted as a proof of relationship. If joint documents are not available, individual documents from associate and partner will be accepted. |
| ##ChildDocument##  **Child**  A child of an associate is eligible for Walmart benefits as described here:   * Your dependent child through the end of the month in which the child reaches age 26. * Your dependent child is any of the following:   + Your natural child   + Your adopted child or child placed with you for adoption   + Your stepchild or child of your eligible partner, provided however:   + Eligibility will end upon divorce or change in partner status, even if the child is under age 26.   + Eligibility will end upon death of your spouse or partner if the child is under age 18, or   + Eligibility will continue until age 26 in the event of the death of your spouse or partner, if at the time of death: i) the child has attained age 18, and ii) the child is enrolled in the Plan.   + Your foster child   + Someone for whom you have legal custody or legal guardianship, provided he or she is living as a member of your household and you provide more than half of his or her support. | A copy of the following documents (varies by the relationship of the child to the Associate):   * Natural child or legally adopted child: State or county issued birth certificate showing associate’s name or signed court order. If birth certificate lists associate’s maiden name, please provide marriage certificate. * Stepchild: State or county issued birth certificate showing parents’ names, copy of your marriage certificate, and a copy of page one through the signature line of your Jointly filed federal tax return from the most recent tax season or both of your tax returns if you file separately. Please black out the first five digits of any Social Security numbers and any IRS Identity Protection PINs. * Child of your domestic partner/partner: State or county issued birth certificate and proof of established Domestic Partnership/Partnership. * Child whom you have legal guardianship: Signed court order and a copy of page one through the signature line of your federal tax returns from the most recent tax season claiming the child as a dependent. Please black out the first five digits of any Social Security numbers and any IRS Identity Protection PINs. |

If you are unable to provide any of the documents requested, you will need to contact Consova for alternative document options, if applicable. Contact Consova’s Verification Assistance Center at **866-859-8792** Monday – Friday, 7:30 a.m. – 6:00 p.m. CT.

**Don’t Forget! Your response is required by ##LongDeadlineDate1##**

**Valued Plan Participants**

**THE ASSOCIATES’ HEALTH AND WELFARE PLAN (AHWP) RESPECTS THE DIGNITY OF EACH INDIVIDUAL WHO PARTICIPATES IN THE PLAN.**

The AHWP does not discriminate on the basis of race, color, national origin, sex, age, or disability and strictly prohibits retaliation against any person making a complaint of discrimination. Additionally, we gladly provide our participants with language assistance, auxiliary aids, and services at no cost. We value you as our participant and your satisfaction is important to us.

If you need such assistance or have concerns with your Plan services, please call the number on the back of your plan ID card. If you have any questions or concerns, please use one of the methods below so that we can better serve you.

For assistance, call the number on the back of your plan ID card.

To learn about or use our grievance process, contact People Services at **800-421-1362**.

To file a complaint of discrimination, contact the U.S. Department of Health and Human Services, Office of Civil Rights:

* Phone: 800-368-1019 or 800-537-7697 (TDD)
* Website: https://ocrportal.hhs.gov/ocr/cp/wizard\_cp.jsf
* Email: OCRCompliant@hhs.gov

Interpreter Services are available at no cost. **800-421-1362**

