




Dependent Verification
PO BOX 165308
Irving, TX 75016-9923

April 04, 2017

Abhijeet Rajput
11990 BEACH BLVD APT 27
JACKSONVILLE, FL 32246

 **PC or Mobile Upload:** <http://www.AuditOS.com>

 **Fax:** 877-223-8478

 **Go green at** <http://www.AuditOS.com>!



REFERENCE NUMBER: 3981604

RESPOND BY: APRIL 29, 2017

Dear Abhijeet Rajput,

GuideWell has asked our organization, HMS, to verify that dependents enrolled in the Florida Blue health, dental and vision plans meet the requirements for eligibility. This process helps maintain the integrity of your employee benefits program to enable GuideWell to offer valuable coverage to employees while keeping costs down.

The dependents that need to be verified are listed on the third page of this letter, on the Verification Form. Please do not send original documents to HMS as we are unable to return them to you.

STEPS TO TAKE

In order to keep your dependent(s) covered, you will need to take the following steps by April 29, 2017:

1. Gather copies of supporting documents that verify your dependent's eligibility (see "Required Documents" on page two that show acceptable forms of proof for each type of dependent)
2. Complete the Verification Form, signed and dated (see "Verification Form" below)
3. Combine all and forward to HMS via fax at 877-223-8478 or upload to our website at www.AuditOS.com

ELIGIBILITY REQUIREMENTS: As a reminder, the dependents you can cover on your employee group benefits plan(s) include:

- Your spouse (under a legally valid existing marriage)
- Your children (including your spouse's children) up to age 30
- Your children (including your spouse's children) who were disabled prior to attaining age 30 who are incapable of self-support due to a mental or physical disability and who are chiefly dependent upon you for daily support and maintenance.

A *child* is defined as your biological child, stepchild (as long as you are currently married to the child's birth parent), legally adopted child or child placed with you for adoption, a child for whom you or your spouse has been appointed the legal guardian or custodian, or a child for whom you are required to provide health insurance by a Qualified Medical Child Support Order.

Questions? HMS is here to help make this process go as smoothly as possible so we have several ways for you to learn about it or reach HMS for specific questions:

- Please review the Frequently Asked Questions (FAQ) posted on our [AuditOS] website.
- Call us at 1-866-868-8991 from 8am - 8pm ET, Monday through Friday.

We appreciate your support and prompt response to keep your family members covered!



¿Español?

**Para asistencia en español, por favor comuníquese con HMS al
866-868-8991.**

(over) →



3981604

REQUIRED DOCUMENTS

All required documents must contain the date (including year), employee's name and dependent's name. Personal information such as social security numbers, account numbers and/or financial information may be marked out for confidential purposes.

In addition to the documents that apply to your covered dependent, please also include a copy of the Verification Form (see below), signed and dated.

FOR YOUR SPOUSE

- A copy of your marriage certificate **AND**
- A complete copy of the Affidavit of Spousal Health Care Coverage (only required if you are currently not paying a surcharge to have your spouse on coverage)

FOR CHILDREN UP TO AGE 30:

- A copy of the child's birth certificate or adoption certificate naming you and/or your spouse as the child's parent. Please note the document must list the first and last names of the child and parent(s); **OR**
- A copy of the court order naming you or your spouse as the child's legal guardian or custodian.

FOR DISABLED CHILDREN AGE 30 OR OLDER:

- A copy of your most recently filed (2015 or 2016) tax return showing the child was claimed as a dependent; **AND**
- A copy of the child's birth certificate or adoption certificate naming you and/or your spouse as the child's parent. Please note the document must list the first and last names of the child and parent(s); **OR**
- A copy of the court order naming you or your spouse as the child's legal custodian

Note for a stepchild: If you are covering a stepchild you must also provide documentation of your current relationship to your spouse as requested above.



Verification Form

Return this form with the required documentation

3981604

Name: Abhijeet Rajput

PC or Mobile Upload: <http://www.AuditOS.com>

Reference Number: 3981604

FAX: 877-223-8478

According to our records, the following dependent(s) are currently enrolled on your health plan:

Enrolled Dependent Name Relationship	Does this person meet the definition of an eligible dependent?		If not eligible, please indicate the date of ineligibility
	YES	NO	
Smita Singh Spouse	<input type="checkbox"/>	<input type="checkbox"/>	

For dependents that do not meet the definition of an eligible dependent, no documentation is required and the ineligible dependent will be removed from Florida Blue's health plan as soon as administratively possible.

To complete the verification process for eligible dependents, simply follow these steps:

- Collect copies of all **required documents** (listed on page 2) for each enrolled dependent.
- **Sign** and **date** the signature box below.
- Submit **this form** and copies of all **required documents** to HMS by April 29, 2017. Please ensure a copy of this form is included with all documents submitted.
- For faster processing, please submit required documents by uploading them via the web portal, located at www.AuditOS.com, or by faxing them to 877-223-8478.

By my signature on this form, I certify and warrant to Florida Blue that:

- (1) all information on this form is true, correct, and current as of the date signed and
- (2) all **"REQUIRED DOCUMENTS"** that are submitted are authentic.

I understand that any attempt to maintain coverage for an ineligible dependent will be subject to appropriate corrective action up to and including termination of employment.

Signature of Employee: _____ **Date:** _____