



# 2018 Benefit Open Enrollment Documentation Processing: Requirements

Tyson Foods requires team members to submit certain forms and documentation prior to completing Open Enrollment. Please review the list below to see which documents you will need to provide. Your Tyson Benefits Coordinator will provide the necessary forms for you to complete.

## Here's what to do:

1. Complete the Email/Fax Cover Sheet on the back of this page.
2. Complete the required forms and gather your documentation.
3. Scan and email or fax these items to Aon or have your Tyson Benefits Coordinator send them for you.

Please allow 2 business days for Aon to process your documents.

- **NEW** Email address (preferred method): [Tyson.Docs@aon.com](mailto:Tyson.Docs@aon.com)
- **NEW** Secure fax: 847-953-1836

## DOCUMENTATION REQUIREMENTS

### TEAM MEMBER

If you are currently covered and want to waive the group health plan, you will need to submit:

- Current proof of other medical coverage\*

*\*Other medical coverage must meet the minimum essential coverage requirements of the Affordable Care Act.*

### SPOUSE

If you want to add a spouse, you will need to submit:

- Proof of current marital status:
  - Copy of marriage license/certificate, AND
  - A copy of the first page of your current year's filed federal or state tax return (please blackout financial information), OR
  - If you cannot provide a joint tax return, see your Tyson Benefits Coordinator to determine other acceptable documentation such as proof of joint property/asset ownership (recent mortgage, credit card or bank statements, utility bills)
- Proof of the spouse's Social Security number or ITIN

If you are currently paying the spousal surcharge, or adding a spouse, and you are eligible to waive the surcharge in 2018, you will need to submit:

- A Tyson Foods Group Health Verification form completed by your spouse's employer, OR
- Verification on company letterhead that your spouse is not eligible for group health coverage, OR
- Other current proof that your spouse is not eligible for employer-sponsored coverage
- Spouse's personnel number if covering a spouse employed by Tyson

### DEPENDENT CHILDREN

If you want to add a dependent, you will need to submit:

- Acceptable proof of the dependent relationship such as a birth certificate or adoption paperwork, AND
- Proof of the dependent's Social Security number or ITIN

If you want to add a dependent step-child, you will need to submit the documentation listed above, AND:

- A copy of the marriage license/certificate and proof of current joint ownership to validate current marriage to the step-child's birth parent

### TOBACCO USER STATUS

**Non-biometric Screening team members and spouses:**

- Current tobacco user status for team members and spouses will carry over into 2018. If you would like to update your tobacco status, you **MUST** complete an enrollment session either online or by phone.

**Biometric Screening team members and spouses:**

- No action is required. Team member and spouse 2017 tobacco screening test results will determine eligibility for the 2018 non-tobacco user incentive.

**You may complete your enrollment before or after submitting documents, but any document change in the program will be displayed 2 days after receipt.**

**Documents must be received no later than Nov. 10, 2017.**

**\*NO EXCEPTIONS\***



# 2018 Benefit Open Enrollment Documentation Processing: Email/Fax Cover Sheet

1. Please place this cover sheet as your first page when emailing or faxing your documents.
2. Be sure to clearly write the team member's name and Tyson Personnel ID Number at the top of each page you submit.
3. Documents must be submitted no later than **Friday, November 10, 2017**. Documents received after this date may not be processed in time for 2018 coverage, as a minimum of 2 business days are required for processing.
4. Failure to use this cover sheet may result in delayed processing of documents.
5. Completion of this form is not a guarantee of coverage. You must still participate in the enrollment process as outlined in your How to Enroll document.

<b>Team Member Name:</b>  _____ (Last Name, First Name, Middle Initial)	<b>Personnel ID Number:</b>  _____
<b>NEW Email Address</b> (Preferred method): Tyson.Docs@aon.com  <b>NEW Secure, Paperless Fax:</b> 1-847-953-1836  <i>IMPORTANT: Please double check that the fax number you dialed is correct before hitting send and be sure to gather your fax confirmation sheet after your fax.</i>	<b>Phone Number:</b> Please provide a phone number and contact name for any outreach required.  (_____) _____ (Area Code) Phone Number  _____ (Contact Name – Team Member, Benefits Coordinator, Other)

By providing your signature below, you agree to receive insurance benefit or enrollment related calls from your employer's benefit enrollment center using an automated telephone dialing system and/or pre-recorded voice to any of the telephone numbers you provided above. You may withdraw your consent at any time by calling the enrollment center. Your response to this question does not impact your benefits enrollment or eligibility in any way.

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

<b>Enrollment Type:</b> <input type="checkbox"/> Open Enrollment <input type="checkbox"/> New Hire	<b>Benefit Effective Date:</b>  _____
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**Type of Coverage You Wish to Elect:**

☐ Covered by Tyson Spouse (Spouse Personnel # \_\_\_\_\_)

☐ Covered by Tyson Parent (Parent Personnel # \_\_\_\_\_)

☐ Team Member Only

☐ Team Member + Spouse

☐ Team Member + Child(ren)

☐ Team Member + Spouse + Child(ren)

☐ Waive Coverage

If you are covering dependents for health insurance, supporting documentation is required. Your Tyson Benefits Coordinator will provide a list of acceptable documents. Please call the Dependent Documentation Processing Center at 1-855-720-9929 (Weekdays, 8:00 a.m. to 7:00 p.m. Central Time) if you have questions or have trouble locating your documents.

Remember, you must complete your enrollment in order to qualify for the non-tobacco user incentive for yourself and your spouse and to waive the spousal surcharge if applicable.

*I confirm that the information I have provided is accurate and up-to-date. I understand that failure to provide the necessary documentation will disqualify the dependent coverage and re-enrollment will not be permitted until the next plan year if eligible. I may be responsible for the full amount of the benefit claims incurred by any dropped dependent. In addition, I understand that providing false information may result in disciplinary action up to and including termination.*