



State of Illinois
Central Management Services
Bureau of Benefits

DEPENDENT VERIFICATION
PO Box 1587
Jeffersonville, IN 47131-9980



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September 25, 2013

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Fax: 1-877-223-8478

Phone: 1-877-658-0596



REFERENCE NUMBER: 1234567

RESPOND BY: OCTOBER 25, 2013

FIRST NOTICE - ACTION IS REQUIRED
FAILURE TO RESPOND TO THIS VERIFICATION LETTER WILL RESULT IN THE REMOVAL OF YOUR DEPENDENT(S) FROM THE STATE EMPLOYEES GROUP INSURANCE PROGRAM.

Dear emp_name,

To ensure that only eligible dependents are covered under State Employees Group Insurance Program (State Employees Program), the Illinois Department of Central Management Services (CMS) has retained the services of HMS Employer Solutions (HMS), an independent firm, to conduct a dependent eligibility verification audit.

By law, the State's plans, including the State Employees Program can only cover members and eligible dependents. While most dependents are eligible, some dependents in the plan may no longer meet the eligibility guidelines. In order to ensure that dependents enrolled in the State Employees Program meet the eligibility guidelines, HMS Employer Solutions has been authorized to obtain documentation regarding each member's enrolled dependents.

A detailed list of documents required to validate each dependent can be found on the reverse side of this letter. As a member of the State Employees Program you must provide all required documentation for each enrolled dependent to HMS no later than October 25, 2013. Your documentation may be submitted by mail or fax using the information provided in the FAQs. Please allow 5 to 7 business days for documents to be received by mail. You will be notified through your chosen method of notification (by mail or email) when documentation has been received and processed. If you cannot meet this deadline, you may request an extension in writing through HMS.

Protecting the personal information of members and dependents is a priority to CMS and HMS. All documents provided during the dependent eligibility verification audit will be securely stored and protected through physical, electronic and procedural safeguards.

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

- Your legal spouse, domestic partner (enrolled before 7/1/2011) or civil union partner (does not include ex-spouses/civil union partners, common-law spouses, persons not legally married, or after 1/13/2012 the new spouse/civil union partner of a survivor).
- Your child up to age 26*
- An individual who received an organ transplant after June 30, 2000 and who is claimed as your dependent for income tax purposes.
- Your child of any age who is mentally or physically disabled from a cause originating prior to age 26 and is eligible to be claimed as your dependent for income tax purposes.
- Your Veteran child, age 26 up to age 30 and an Illinois resident.
- An individual added before 1983 and is claimed as your dependent for income tax purposes.

*A child is defined as your natural child; stepchild; child of your qualified civil union partner; legally adopted child or child placed with you for adoption; a child for whom you have permanent legal guardianship; 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 for each dependent listed in the chart on the reverse side of this letter.
- For each dependent listed, 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 mail, email or fax using the information provided in the FAQs by October 25, 2013. Please note, documents provided for this verification audit will not be returned.

Para asistencia en español por favor comunicarse con
HMS Employer Solutions al 1-877-658-0596 Lunes a Viernes.

If you have questions regarding this letter, please see the enclosed Frequently Asked Questions (FAQs) Employer Solutions by using the contact information at the top of this letter.

EID

PLEASE REVIEW AND COMPLETE THE FOLLOWING INFORMATION:

Dependent Name DOB Relationship to Member	Social Security Number If blank, please provide Social Security Number	Does this dependent meet the DEFINITION OF AN ELIGIBLE DEPENDENT?		If NO, what date did the dependent NO LONGER qualify as an eligible dependent?	Reason dependent is no longer eligible
		Yes	No		
dep_1		<input type="checkbox"/>	<input type="checkbox"/>		
dep_2		<input type="checkbox"/>	<input type="checkbox"/>		
dep_3		<input type="checkbox"/>	<input type="checkbox"/>		
dep_4		<input type="checkbox"/>	<input type="checkbox"/>		
dep_5		<input type="checkbox"/>	<input type="checkbox"/>		
dep_6		<input type="checkbox"/>	<input type="checkbox"/>		
dep_7		<input type="checkbox"/>	<input type="checkbox"/>		
dep_8		<input type="checkbox"/>	<input type="checkbox"/>		

If you are reporting a dependent as ineligible, you must provide documentation which shows when their eligibility ceased.

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

FOR SPOUSE:

- A copy of the front page of your 2012 federal tax return transcript ** identifying this dependent as your spouse; **AND**
- A document dated within the last 60 days showing current relationship status such as a bank, mortgage or credit card statement listing both names, or a Property Tax Statement issued within the past 12 months listing both names.

FOR CIVIL UNION PARTNER:

- A copy of your Civil Union Partnership Certificate **AND**
- A copy of the front page of your 2012 state income tax return identifying your relationship to this dependent, **OR**
- A document dated within the last 60 days showing current relationship status such as a bank, mortgage or a credit card statement listing both names

FOR DOMESTIC PARTNER:

- Two forms of documentation that prove that the member and partner are jointly responsible for each other's common welfare and share financial obligations, **OR**
- A Cook County Domestic Partnership Certificate and one form of documentation as stated in the first domestic partner bullet point.

FOR CHILDREN (up to age 26)*:

- A copy of the child's birth certificate (or hospital birth record) or adoption certificate naming you or your spouse/civil union partner as the child's parent, **OR**
- A copy of the court order naming you as the child's legal guardian.

FOR CHILDREN (age 26 and older)*: DOCUMENTATION NOTED FOR "CHILDREN" ABOVE AND DISABLED CHILDREN:

- A copy of the front page of your 2012 federal tax return transcript** identifying the child as a dependent, **AND**
- Copy of the child's Medicare card, **AND**
- Statement from the Social Security Administration with the social security disability determination, **OR**
- A U.S. Court order adjudicating the child's disability.

ADULT VETERAN CHILDREN (eligible ONLY until the 30th birthday): DOCUMENTATION NOTED FOR "CHILDREN" ABOVE AND

- Proof of Illinois residency, **AND**
- A copy of the dependent's Veterans' Affairs Release form (DD 214) or equivalent, **AND**
- A copy of the front page of your 2012 federal tax return transcript** identifying the child as a dependent if declaring the adult veteran child as an IRS dependent.

OTHER: DOCUMENTATION NOTED FOR "CHILDREN" ABOVE AND

- A copy of the front page of your 2012 federal tax return transcript** identifying the child as a dependent, **AND**
- Proof of organ transplant performed after June 30, 2000.

OTHER: DEPENDENTS ADDED BEFORE 1983

- A copy of the front page of your 2012 federal tax transcript** identifying the dependent as a tax dependent.

***NOTE:** If you are covering a stepchild and your spouse or civil union partner is not a covered dependent, you must also provide documentation of your current relationship to your spouse or civil union partner as requested above.

****NOTE:** Review FAQ #13 for information on how to obtain a federal tax return transcript at no cost to you.

SIGNATURE AND DATE

By my signature on this form, I certify and warrant to CMS 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 that falsification of the information contained on this form may result in CMS requiring repayment of all premiums as well as expenses incurred by the State Employees Group Insurance Program for the ineligible dependent.

Signature of Member (REQUIRED): _____

Date: _____

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