State of Illinois
Central Management Services
Bureau of Benefits

HMS
PO Box 165308
Irving, TX 75016-9923

hms Employer Solutions

DATE

PC or Mobile Upload: www.AuditOS.com

FAX: 1-877-223-8478

Go green at www.AuditOS.com!

Emp_Name
Street
Street2
City, St Zip

EID

REFERENCE NUMBER: EID

RESPOND BY: <<due date>>

Dear Emp_Name,

To ensure that only eligible dependents are covered under State Employees Group Insurance Program (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.

A detailed list of documents required to validate each dependent can be found on the reverse side of this letter. All documents provided during the dependent eligibility verification audit will be securely stored and protected through physical, electronic and procedural safeguards. As a member of the State Employees Program you must provide to HMS all required documentation for each enrolled dependent no later than **October 30, 2015,** in order for your dependent(s) to continue to receive benefits. **Additionally, dependents enrolled in the Program without a valid Social Security Number (SSN) will have their coverage terminated if a copy of the SSN card is not provided to HMS by the due date.**

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, ex-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
- 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; or a child for whom you have permanent legal guardianship.

If after reading the enclosed Frequently Asked Questions (FAQ) you still have questions, please feel free to call HMS Employer Solutions at (855) 596-3354 from 7am to 7pm CT, Monday through Friday.

Thank you for your cooperation with this important effort to control healthcare plan costs.

¿Español?

Para asistencia en español, por favor comuníquese con HMS Employer Solutions al 855-596-3354.

(over) →

EID

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 financial information may be marked out for confidential purposes. Foreign documents must be translated to English prior to submission. *Please include a copy of the enclosed Verification Form signed and dated with all documentation submitted.

FOR SPOUSE:

- A copy of the front page of your 2014 federal tax return 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; **AND**
- ***If the SSN box of the chart on the Verification Form attached is blank, a copy of your spouse's Social Security Card, or a letter from the Social Security Administration stating an SSN cannot be obtained, IS ALSO REQUIRED.***

FOR CIVIL UNION PARTNER:

- A copy of your Civil Union Partnership Certificate **AND either of the following**
- A copy of the front page of your 2014 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; **AND**
- ***If the SSN box of the chart on the Verification Form attached is blank, a copy of your partner's Social Security Card, or a letter from the Social Security Administration stating an SSN cannot be obtained, IS ALSO REQUIRED.***

FOR DOMESTIC PARTNER:

- Two forms of documentation dated within the last 60 days 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; **AND**
- ***If the SSN box of the chart on the Verification Form attached is blank, a copy of your partner's Social Security Card, or a letter from the Social Security Administration stating an SSN cannot be obtained, IS ALSO REQUIRED.***

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; **AND**
- ***If the SSN box of the chart on the Verification Form attached is blank, a copy of your child's Social Security Card, or a letter from the Social Security Administration stating an SSN cannot be obtained, IS ALSO REQUIRED.***

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

- A copy of the front page of your 2014 federal tax return identifying the child as a dependent, **AND**
- Statement from the Social Security Administration with the social security disability determination, **OR**
- A U.S. Court order adjudicating the child's disability.

FOR DEPENDENTS ADDED BEFORE 1983 (OTHER):

- A copy of the front page of your 2014 federal tax identifying the dependent as a tax dependent; **AND**
- ***If the SSN box of the chart on the Verification Form attached is blank, a copy of your dependent's Social Security Card, or a letter from the Social Security Administration stating an SSN cannot be obtained, IS ALSO REQUIRED.***

**** NOTE:** If you are covering a stepchild, you must also provide all documentation of your relationship to your spouse or civil union partner as requested above.*

Verification Form

Return this form with the required documentation

EID

Name: Emp_name

PC or Mobile Upload: www.AuditOS.com

Reference Number: EID

FAX: 1-877-223-8478

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

Enrolled Dependent Name | Relationship	Social Security Number If blank, you must submit a copy of your dependent's SSN Card	Does this person meet the definition of an eligible dependent?		If not eligible, please indicate the date of ineligibility.
		YES	NO	
dep_1		☐	☐	
dep_2		☐	☐	
dep_3		☐	☐	
Social security numbers MUST be provided for each dependent. Failure to provide a Social Security Number will result in the dependents removal from coverage. For dependents who do not meet the definition of eligibility, no documentation is required and the ineligible dependent will be removed from coverage 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 Employer Solutions by **<<due date>>**. 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, www.AuditOS.com, or by faxing them to (877) 223-8478. If the web and fax are unavailable to you, documents may be mailed to HMS Employer Solutions, P.O. Box 165308, Irving, TX 75016-9923. Please do not mail original documents.

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. Additionally, falsification of the information contained on this form may result in discipline up to and including discharge.

Signature of Member: _____ Date: _____