State of Illinois
Central Management Services
Bureau of Benefits

DEPENDENT VERIFICATION
PO Box 1587
Jeffersonville, IN 47131-9980

Go paperless at: www.AuditOS.com

mail_date

PC or **Mobile Upload:** www.AuditOS.com

Fax: 1-877-223-8478

Phone: 1-877-749-2504

emp_name
street
street2
city, state zip

REFERENCE NUMBER: 1234567
RESPOND BY: DEADLINE

FIRST NOTICE - ACTION IS REQUIRED
FAILURE TO RESPOND TO THIS VERIFICATION LETTER WILL RESULT IN THE REMOVAL OF YOUR DEPENDENT(S) FROM THE LOCAL GOVERNMENT HEALTH PLAN.

Dear emp_name,

To ensure that only eligible dependents are covered under Local Government Health Plan (LGHP), 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 LGHP 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 LGHP 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 LGHP, you must provide all required documentation for each enrolled dependent to HMS no later than DUE DATE. Your documentation may be submitted by mail, email 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 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.

*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 DUE DATE. Please note, documents provided for this verification audit will not be returned.

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

Para asistencia en español por favor comunicarse con
HMS Employer Solutions al 1-877-749-2504 Lunes a Viernes.

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		☐	☐		
dep_2		☐	☐		
dep_3		☐	☐		
dep_4		☐	☐		
dep_5		☐	☐		
dep_6		☐	☐		
dep_7		☐	☐		
dep_8		☐	☐		
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 certified 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 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 certified 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 certified 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 certified federal tax return transcript** identifying the child as a dependent, AND
- Proof of organ transplant performed after June 30, 2000.

** 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 certified 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 LGHP for the ineligible dependent.

Signature of Employee (REQUIRED): ______________________________ Date: ________________

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