



State of Illinois  
Central Management Services  
Bureau of Benefits

DEPENDENT VERIFICATION  
PO Box 165308  
Irving, TX 75016-9923



Go paperless at: [www.AuditOS.com](http://www.AuditOS.com)

July 7, 2015

PC or Mobile Upload: [www.AuditOS.com](http://www.AuditOS.com)

emp\_name  
street  
street2  
city, state zip

Fax: 1-877-223-8478

Phone: 1-877-414-9979



REFERENCE NUMBER: 1234567

RESPOND BY: August 20, 2015

**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 criteria. In order to ensure that dependents enrolled in the State Employees Program meet the eligibility criteria, 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 to HMS all required documentation for each enrolled dependent no later than August 20, 2015. 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. Your documentation may be submitted by mail, email, fax, or mobile upload using the information provided in the enclosed FAQs (Q12). 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.

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, 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.

To complete the dependent verification process, simply follow these steps:

- Carefully review the definition of an eligible dependent above.
- Indicate the current eligibility status of 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.
- Include your NAME and REFERENCE NUMBER (which can be found on the upper right hand corner 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, mobile upload or fax using the information provided in the FAQs by August 20, 2015. Please note, if you are mailing documentation to HMS, do not send original documents. 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).

Para asistencia en español, por favor comuníquese con HMS Employer Solutions al 1-877-414-9979.

Dependent Name   DOB Relationship to Member	Social Security Number If blank, you must submit your SSN and a copy of your SSN Card	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"/>		

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.

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

**FOR SPOUSE:** If blank in the SSN box above, a copy of your spouse's Social Security Card IS REQUIRED AND

- 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.

**FOR CIVIL UNION PARTNER:** If blank in the SSN box above, a copy of your partner's Social Security Card IS REQUIRED AND

- A copy of your Civil Union Partnership Certificate **AND**
- 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

**FOR DOMESTIC PARTNER:** If blank in the SSN box above, a copy of your partner's Social Security Card IS REQUIRED AND

- 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

**FOR CHILDREN (up to age 26)\*:** If blank in the SSN box above, a copy of your child's Social Security Card IS REQUIRED AND

- 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 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**
- 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.

**FOR DEPENDENTS ADDED BEFORE 1983 (OTHER):** If blank in the SSN box above, a copy of your dependent's Social Security Card IS REQUIRED AND

- A copy of the front page of your 2014 federal tax 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.*

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

Signature of Member (REQUIRED): \_\_\_\_\_

Date: \_\_\_\_\_

**FOR FASTER SERVICE**

Opt for paperless communications at [www.AuditOS.com](http://www.AuditOS.com)

- Real time status updates • Convenient and efficient • Save a tree!

Upload documentation at [www.AuditOS.com](http://www.AuditOS.com)

- Accessible from your mobile device or computer • Status updates • Useful online resources

Fax documentation to 1-877-223-8478

- Paperless and secure • Toll free

