



Dependent Verification  
PO Box 165308  
Irving, TX 75016-9923

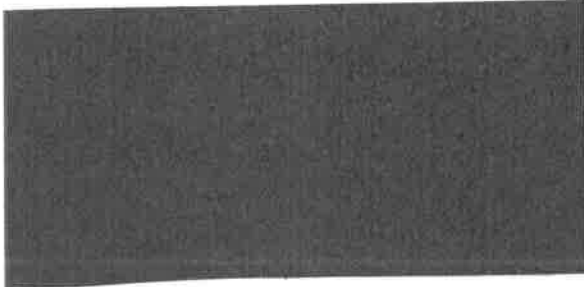


January 12, 2018

 **PC or Mobile Upload:** <https://www.VerifyOS.com>

 **Fax:** 1-877-223-8478

 **Go green at <https://www.VerifyOS.com>!**



**RESPOND BY: February 26, 2018**

Employee Painters' Trust Health & Welfare Plan (the Plan) has asked the independent firm, HMS, to verify that dependents enrolled in the Plan's health plans meet the eligibility guidelines. With medical plan costs on the rise, the Plan continues to look for ways to make sure the Plan runs as effectively and efficiently as possible. One way to do this is to make sure that payments for health care services are made only for those who are truly eligible for coverage in the Plan. This process is a common practice that help to make sure health plans are compliant, competitive and cost effective, which is beneficial for all enrollees. In order for your dependent(s) to continue to receive benefits under the Plan's health plans, **action is required by you to submit proof of their eligibility by February 26, 2018.**

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

- Your legal spouse (as defined by federal law). A spouse of a retiree is eligible for coverage if you were married for at least 12 months at the time of your retirement.
- Surviving dependent of a deceased retiree member, if the member was eligible for and enrolled in the Trust's Retiree Benefit Program or had effectively deferred enrollment in the Retiree Benefit Program prior to the date of the member's death, **OR** surviving dependent of a deceased member who is eligible for and timely elected COBRA coverage due to the member's death.
- Your child\* up to age **26**.
- Your disabled dependent of any age who is mentally or physically disabled and who is not capable of self-sustaining employment and who is chiefly dependent upon you for support.

\*A child is defined as your natural child; stepchild, legally adopted child or child placed with you for adoption; a child for whom you have been appointed the legal guardian, a foster child or a child for whom you are required to provide health insurance by a Qualified Medical Child Support Order.

If after reading the attached Frequently Asked Questions (FAQ) you still have questions, please feel free to call HMS at (844) 512-2677 from 5am to 5pm PT, Monday through Friday.

If English is not your primary language, additional assistance is available by contacting HMS.

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



Para asistencia en español, por favor comuníquese con HMS al  
1-844-512-2677.

(over)→



## REQUIRED DOCUMENTS

All required documents **MUST** contain the date (including year), employee's name, and dependent's name. Personal information such as account numbers and financial information may be marked out for confidentiality purposes.

Please include a copy of the Verification Form signed and dated with all documentation submitted.

**FOR ALL DEPENDENTS:** For IRS reporting purposes under the Affordable Care Act, the Trust has asked HMS to collect Social Security numbers for all dependents. If it is already on file, it will be noted on the attached Verification Form. If it is not on file, please provide the dependent(s) Social Security number by:

- Listing on the attached Verification Form and submitting it along with the rest of your documents
- Go online to [www.Verifyos.com](http://www.Verifyos.com), go to the "Review My Dependent" tab and enter the Social Security number for each dependent

### FOR SPOUSE:

- A copy of your state issued marriage certificate
- **And one of the following:**
  - A copy of the front page of your most recently (2016 or 2017) federal tax return confirming this dependent is your spouse **OR**
  - A document dated within the last 60 days showing current relationship status such as a recurring monthly household bill or statement of account. The document must list your spouse's name, the date and your mailing address. Note: Healthcare bills will not be accepted as proof of eligibility as healthcare coverage is being verified.
- **For a surviving spouse of a deceased member:** A copy of the state issued marriage certificate showing that you were legally married to the member and a copy of the death certificate for the member showing that you were married at the time member passed away.

### FOR CHILDREN UP TO AGE 26:

- A copy of the child's state issued birth certificate or adoption certificate naming you or your spouse as the child's parent. Please note the document must list the first and last names of the child and parent(s). **OR**
- A copy of the court order naming you as the child's legal guardian.
- **For Foster Children:** A copy of the court documents showing the child has been placed in your foster care.
- **For Surviving Children of a deceased member:** A copy of the child's state issued birth certificate listing you or the member as the parent.

### FOR DISABLED CHILDREN:

- A copy of your most recently filed (2016 or 2017) federal tax return listing the dependent, **AND**
- A copy of the child's state issued birth certificate or adoption certificate naming you or your spouse as the child's parent. Please note the document must list the first and last names of the child and parent(s); **OR**
- A copy of the court order naming you or your spouse as the child's legal guardian.

**IMPORTANT NOTE FOR STEPCHILDREN:** The documentation listed above for Spouse is also required as proof of the child's current relationship to you.