

November 24, 2020

«AddressBlock»

Dependent Eligibility Verification Final Notice

THIS IS A FINAL NOTICE. IF THE REQUESTED DOCUMENTATION IS NOT RECEIVED BY THE DUE DATE, YOUR DEPENDENTS WILL BE REMOVED FROM YOUR BENEFIT COVERAGE.

Dear «First_Name»:

EMPLOYER NAME has partnered with Total Administrative Services Corporation (TASC) to review and verify eligibility for dependents in the company's insurance plans. This helps ensure plan compliance by verifying all participants in the medical, dental and/or vision plans are eligible to participate.

Dependent(s) that are on **EMPLOYER NAME** insurance plans are listed below. To help verify their eligibility, please review the documentation chart on the reverse side that outlines the materials you will need to submit. Be assured that TASC will keep your information completely confidential.

Name(s) of Dependent(s): «Dependents»

Your Action Items

- **Review** the name(s) of the dependent(s) listed above that are on your insurance plans.
 - If any of your listed dependents are no longer eligible, please contact TASC to remove.
- **Understand** the documentation needed for each dependent(s) and make copies of the document(s).
- **Return** copies (not originals) of the documentation by «Due Date». This information may be securely uploaded to «Insert Link», emailed to EligibilityAudit@tasconline.com or mailed to the following address:
 - TASC
Attention: Premium Services
P.O. Box 14629
Madison, WI 53704

Please note: Non-response or incomplete documentation will result in the removal of insurance coverage for your dependents. Once removed, you will not be able to add your dependent(s) until the next open enrollment period. COBRA will also not be offered to these dependents.

If you have any questions about this process or need assistance, please call TASC at 844-560-4642 or email EligibilityAudit@tasconline.com.

Sincerely,
TASC

Don't forget! Your response is required by «due_date».

Required Dependent Documentation Chart

Below is a list of required documents needed to verify eligibility for the dependents listed on this letter that are enrolled in the **Employer Name's** medical, dental or vision plan(s). Please send this information by the deadline to avoid your dependents being removed from coverage.

Dependent Relationship to Employee	Required Verification Documents
Spouse	Marriage Certificate.
Biological Child/Eligible Child	Birth Certificate showing the child's date of birth and parents name. Or Qualified Medical Child Support Order (QMCSO) or a National Medical Support Notice (NMSN).
Adopted Child	Court-approved adoption papers (with signature or seal) and Adoption Placement Agreement or Petition for Adoption. (Needs to show dependents date of birth and name of employee or spouse as parent).
Step-Child	Marriage Certificate of employee and child's parent. AND Birth Certificate showing the child's date of birth and parents name.
Legal Guardianship	Court order showing legal guardianship of a child (with signature or seal). AND Birth Certificate showing the child's date of birth and parents name.
Dependent Children with Disabilities	Official disability document. AND Birth Certificate showing the child's date of birth and parents name.

Note: If adding a newborn, you may submit the birth record if the birth certificate has not been received.