Member ID#: a032456789

FELRA & UFCW

COVER SHEET FOR DEPENDENT VERIFICATION

You must submit this Cover Sheet for Dependent Verification along with the required documents for ALL eligible dependents by [DATE] to avoid a lapse in benefits coverage.

<Member Name>
<Address 1>
<Address 2>
<City, State Zip>

Refer to enclosed Verification Letter for detailed instructions on how to submit your documentation via one of the following methods:

UPLOAD ONLINE: [URL]

FAX: [FAX NUMBER]

MAIL: Secova Service Center, PO Box 1901, Wall, NJ 07719-9966

If you select "No" or do not respond for any dependent(s) listed below by [DATE], your dependent(s) will be removed from your coverage on [DATE].

Dependent Name *(Proof of eligibility is required for all eligible dependents)*	**Is dependent eligible for coverage?**	**Relation**	**Dependent Type** *Check ONE (1) box for each eligible dependent (unless dependent is disabled – for disabled check all boxes that apply).*	
SUZY R. SAMPLE	Yes ☐ No ☐	Spouse or Domestic Partner	☐ Legally Married ☐ Registered Domestic Partner	
HENRY P. SAMPLE	Yes ☐ No ☐	Child	☐ Biological (Natural) ☐ Adopted ☐ Stepchild ☐ Domestic Partner's	☐ Legal Guardianship ☐ Court Ordered (QMCSO) ☐ Disabled
BILLY T. SAMPLE	Yes ☐ No ☐	Child	☐ Biological (Natural) ☐ Adopted ☐ Stepchild ☐ Domestic Partner's	☐ Legal Guardianship ☐ Court Ordered (QMCSO) ☐ Disabled
LAURA K. SAMPLE	Yes ☐ No ☐	Child	☐ Biological (Natural) ☐ Adopted ☐ Stepchild ☐ Domestic Partner's	☐ Legal Guardianship ☐ Court Ordered (QMCSO) ☐ Disabled

Remember you must send ALL required documents…not just this Verification Cover Sheet. Please refer to the enclosed Definitions and Required Documents for a detailed listing of acceptable documentation.

Contact Information
Please provide an email address and telephone number at which you can be reached if we have questions about your dependents' eligibility for coverage.

Email address:	**Telephone**: ( )
Please indicate your preferred method for receiving communications during this verification process:	
☐ **Email**	☐ **First Class Mail**

Declaration: Signature is required. Cover Sheets submitted without a signature will be considered incomplete.
By signing this Cover Sheet, I attest that I have reviewed the Dependent Eligibility Rules and that the information I am submitting is true and accurate. _____ _____ **Member's Signature** **Date**

If you have questions, please call Secova toll-free at [PHONE NUMBER]. Representatives are available [HOURS/DAYS OF OPERATION]. Your call is confidential.