FREQUENTLY ASKED QUESTIONS
Dependent Eligibility Verification

GENERAL INFORMATION

1. **Why has Sample Company hired Secova to conduct this dependent eligibility verification?**
   We want to offer affordable, comprehensive health benefits to members and their eligible dependents. As health care costs continue to rise, it's important that all members follow Sample Company's dependent eligibility requirements. Allowing ineligible dependents to continue participating in health benefits increases the overall cost of benefits to Sample Company and members. The verification process is an opportunity for Sample Company to update dependent information and then monitor it for the future.

2. **Will my personal information be safe with Secova? What will Secova do with my documents?**
   Yes, your personal information will be safe with Secova. Secova enforces a strict company privacy policy to ensure that the information you submit by any method including paper, electronic and telephonic, remains secure. **Do not send original documents to Secova, only photocopies.** When Secova receives your paper documents, they are scanned to an electronic image. This image is stored on a secure system with password-protected access. After the verification process is complete, Secova will destroy all copies.

   Secova does not disclose, sell, or share personal information with anyone. All audit member data is kept confidential and private throughout each step in Secova's work processes. Incoming data is transferred via a secure ftp site, encrypted e-mails, or password-protected web uploads, then stored in Secova's password-protected databases. Secova's Information and Data Security plan is fully compliant with all current federal regulations and international standards.

3. **Who should I send my Cover Sheet for Dependent Verification and required documents to?**
   Fax: [FAX NUMBER] (toll-free)

   Secure online submission: [URL]

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

   Please do not send your verification documents to Sample Company.

4. **Who can answer my questions about the definition of an eligible dependent?**
   Please call Secova at [PHONE NUMBER] (toll-free). Representatives are available [HOURS/DAYS OF OPERATION]. Your call is always confidential. **Please do not contact Sample Company regarding this dependent verification.**

5. **Will I receive confirmation once my verification is complete?**
   Yes. Secova will send you a confirmation notice after your verification is complete. If your Cover Sheet for Dependent Verification or required documents are incomplete, Secova will send you a notice that lists all additional information needed to complete the process. You may also check the status of the verification process at [URL].

6. **What happens if I do not return my Cover Sheet for Dependent Verification and required documentation by the deadline?**
   Secova will attempt to reach you via phone, email and/or mail. If you do not return the Cover Sheet for Dependent Verification and required documents by [DATE] coverage for your dependent(s) will canceled effective [DATE].
   You will be required to reimburse Sample Company for benefit payments made on behalf of ineligible dependents.

7. What do I need to do if one or more of my enrolled dependents no longer meets one of the eligibility requirements?

You must check the "No" box on the Cover Sheet for Dependent Verification and return it to Secova. Secova will notify Sample Company, and coverage for your dependent(s) will be canceled.

DEPENDENT ELIGIBILITY

8. Which dependents are not eligible?

Any dependent not specifically listed on the enclosed Definitions and Required Documents is not eligible for coverage.

9. What happens to the coverage of a dependent(s) enrolled in health benefits who does not meet the definition of an eligible dependent?

A dependent(s) who does not meet the eligibility definitions will be removed from benefit coverage and:

- May be eligible for COBRA coverage if due to a qualified event (such as a spouse who divorces or a child who becomes too old for coverage) occurring within the last 30 days. Follow normal procedures and notify Sample Company of the qualified event to ensure that a COBRA package is distributed.

Sample Company reserves the right to request documentation proving prior eligibility status — such as a divorce decree or court order — from individuals who enroll in COBRA.

10. My dependent is eligible for Sample Company health benefits. Can I take this opportunity to add an existing (yet not enrolled) dependent to my health benefits coverage?

If your dependent is eligible for benefits in Sample Company's health benefits but not currently covered, you must wait until the next Open Enrollment period or during a Qualified Life Event to enroll them.

11. My dependent spouse/child works for Sample Company and is benefit eligible. Can I still cover him/her under my Sample Company benefits?

If your spouse or child is a Sample Company employee and is eligible for Sample Company Benefits coverage, he/she can enroll in his/her own coverage or you can cover them as a dependent under your coverage, (provided the spouse/child meets the definition of an eligible dependent). The spouse/child cannot have their own coverage and also be covered as your dependent.

12. My divorce decree/legal separation requires me to provide benefits for my ex-spouse/legally separated spouse. Can I carry him/her on my policy?

No. An ex-spouse is not eligible under our plan. Your ex-spouse may be eligible for COBRA coverage.

13. My son/daughter has joined the military full-time. Is he/she eligible for Sample Company health benefits?

No. He/she ceases to be an eligible dependent upon the date of their entry into full-time active duty in the Uniformed Services. Please refer to the Sample Company Summary Plan Description for details on eligibility for reenrollment upon discharge from the Uniformed Services.

14. If I remove one or more dependents from my coverage, will my health benefits coverage category automatically change (for example, from family coverage to member-only coverage)?

If appropriate, your coverage category will be changed and your monthly premium will be reduced, if needed, at the time your dependent(s) is canceled from health benefits coverage.

DOCUMENTATION TO PROVE ELIGIBILITY

15. Should I provide the supporting documentation for my dependents to Human Resources?

No. Please send verification documents to Secova via fax to [FAX NUMBER] or mail in the enclosed postage-paid envelope. You can also visit the Sample Company Dependent Eligibility Verification secure website at [URL] for instructions on verifying dependent eligibility online. Secova will review and confirm verification of dependents.

16. Can electronically submitted tax returns (such as Turbo Tax) be submitted as verification documentation?

Yes, in addition to the first page of your electronically filed tax return, we will also need a copy of the signature (transmission) page, which provides proof of e-filing.

17. How to submit required documentation:

- **To avoid processing delays -** Write your Name, Member ID# and Sample Company in the top right hand corner of each document you submit. **Send copies only -** No originals.
- **Document proofs -** Birth Certificates, Marriage Certificates, Declaration of Domestic Partnership, etc. are to be copied and submitted on a single sheet, one sided. The back side is to remain blank.
- **Confidentiality -** Each member should submit his or her own documentation. Do not submit documentation on behalf of other members.
- **Sending multiple verification documentation -** Whether you are uploading, faxing or mailing the required documents, make sure each document is copied on its own separate page. (For example, if you are submitting a Marriage Certificate for your spouse and a Birth Certificate for your child, the Marriage Certificate should be copied onto one page and the Birth Certificate onto a second page.)
- **Faxing documents -** Make sure documents are placed in the proper position on the fax machine, either face up or face down (depending on the fax machine) to prevent sending blank documents. Blank documents cannot be processed and will result in the dependent(s) being placed in a no response status. You are responsible for making sure that your fax is properly transmitted to Secova's secure fax line. Please remember to keep a copy of your fax confirmation page for future reference.
- **Mailing documents -** Use the enclosed postage-paid envelope. You may need to use an additional envelope for submitting multiple documents. For speedy processing, do not staple, tape or clip your documents.

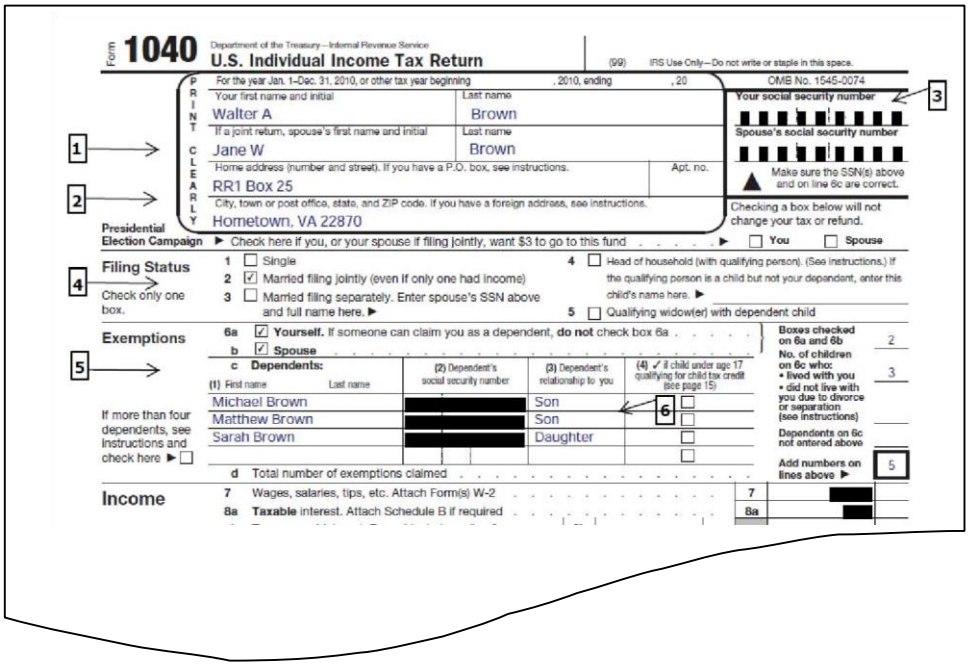
18. How to submit a copy of a Federal Tax Return:

Please use a black marker to hide financial and Social Security Numbers on the tax return before submitting it to Secova. (See sample Tax Return below.) Please note that it is a felony to falsify IRS tax forms in any way.

Specific information required:

- You and your spouse's full name
- Your complete address
- Social Security Number marked out for you and your dependents
- Filing status
- Exemptions (dependents)
- Your dependent(s') relationship to you

SAMPLE TAX FORM WITH FINANCIAL AND PERSONAL INFORMATION MARKED OUT



Form **1040** Department of the Treasury—Internal Revenue Service
U.S. Individual Income Tax Return (99) IRS Use Only—Do not write or staple in this space.

For the year Jan. 1–Dec. 31, 2010, or other tax year beginning , 2010, ending , 20 OMB No. 1545-0074

PRINT CLEARLY

Your first name and initial: Walter A — Last name: Brown — Your social security number: [redacted] 3

If a joint return, spouse's first name and initial: Jane W — Last name: Brown — Spouse's social security number: [redacted]

1 → Home address (number and street). If you have a P.O. box, see instructions. Apt. no.: RR1 Box 25 — Make sure the SSN(s) above and on line 6c are correct.

2 → City, town or post office, state, and ZIP code. If you have a foreign address, see instructions.: Hometown, VA 22870 — Checking a box below will not change your tax or refund.

Presidential Election Campaign ▶ Check here if you, or your spouse if filing jointly, want $3 to go to this fund ▶ ☐ You ☐ Spouse

Filing Status 4 → Check only one box.
1 ☐ Single
2 ☑ Married filing jointly (even if only one had income)
3 ☐ Married filing separately. Enter spouse's SSN above and full name here. ▶
4 ☐ Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here. ▶
5 ☐ Qualifying widow(er) with dependent child

Exemptions 5 →
6a ☑ **Yourself.** If someone can claim you as a dependent, **do not** check box 6a
b ☑ **Spouse**
c **Dependents:**

(1) First name / Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) ✓ if child under age 17 qualifying for child tax credit (see page 15)
Michael Brown	[redacted]	Son	6 → ☐
Matthew Brown	[redacted]	Son	☐
Sarah Brown	[redacted]	Daughter	☐
			☐

If more than four dependents, see instructions and check here ▶ ☐

Boxes checked on 6a and 6b: 2
No. of children on 6c who: • lived with you • did not live with you due to divorce or separation (see instructions): 3
Dependents on 6c not entered above:
Add numbers on lines above ▶: 5

d Total number of exemptions claimed

Income
7 Wages, salaries, tips, etc. Attach Form(s) W-2 — 7 [redacted]
8a **Taxable** interest. Attach Schedule B if required — 8a [redacted]