



Member ID#: a032456789

FELRA & UFCW

URGENT: PENDING CANCELLATION OF DEPENDENT BENEFIT COVERAGE

[DATE]

<Member Name>

<Address 1>

<Address 2>

<City, State Zip>

Beginning in [DATE], we initiated a Dependent Eligibility Verification process to ensure that all enrolled dependents meet the Sample Company eligibility requirements. We asked that you review the Definitions and Required Documents and submit proof of eligibility for all dependents enrolled in Sample Company health plans.

To date, Secova Inc. has not received your Cover Sheet for Dependent Verification and required documentation necessary to verify the eligibility of your dependent(s) enrolled in Sample Company health coverage, OR the documentation submitted was insufficient to verify eligibility for your dependent(s). The deadline for submitting documents was [DATE]; however, Smead Manufacturing is providing a grace period until [DATE].

To ensure you and your dependents are not removed from Sample Company health coverage, you must either fax the required documentation to Secova immediately to [FAX NUMBER], or scan and upload to [URL], or mail to Secova Service Center, PO Box 1901, Wall, NJ 07719-9966. **Please note: Submission by mail must be postmarked on or before [DATE].**

Dependent Name	Relation	Eligibility Status
JANE A. SAMPLE	Spouse	Incomplete Documentation Received
BILLY D. SAMPLE	Child	Not Eligible for Coverage
SUSAN R. SAMPLE	Child	No Documentation Received

The status of the dependent(s) listed below has been verified:

Dependent Name	Relation	Eligibility Status
MICHAEL A. SAMPLE	Child	Eligible for coverage

If you have any questions, please contact Secova at [PHONE NUMBER] (toll-free). Representatives are available to assist you [HOURS/DAYS OF OPERATION].

Thank you for your time and responsiveness. Your cooperation during this process will help Sample Company to control costs and protect benefits for you and your eligible dependents.

Sincerely,

Sample Company