FELRA & UFCW

IMPORTANT: ACTION REQUIRED TO CONTINUE BENEFIT COVERAGE FOR YOU AND YOUR DEPENDENTS ENROLLED IN SAMPLE COMPANY SPONSORED HEALTH PLANS

[DATE]

Dear Sample Company Health Plan Member:

At Sample Company, we strive to provide the highest quality benefits for you and your dependents. At the same time, we must protect the long-term viability of our health plans. One way to protect your benefits is **to make sure that only eligible individuals are enrolled in Sample Company sponsored coverage**. We know that the majority of our enrolled dependents meet our eligibility requirements, but there may be some instances when a health plan member mistakenly or incorrectly covers an ineligible dependent.

As part of our effort to verify dependent eligibility, Sample Company has partnered with Secova, a company that specializes in verifying health plan eligibility, to conduct a confidential review of dependent eligibility. Between now and [DATE], all Sample Company health plan members with a dependent enrolled in Sample Company sponsored health plans (medical, dental, or vision) must submit proof of eligibility to Secova.

Rest assured that your confidentiality is of utmost concern to both Sample Company and Secova. Secova enforces a strict company privacy policy to ensure that the information you submit by any method including paper, electronic and fax remains secure.

WHAT YOU NEED TO DO

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

1. **REVIEW** the enclosed Definitions and Required Documents to confirm your currently enrolled dependent(s) meets the eligibility requirements and to identify what documentation you are required to submit;
2. **OBTAIN** the appropriate documentation for each dependent listed on the enclosed Cover Sheet for Dependent Verification and make copies. Do not submit original documents. Write your name, Member ID# and Sample Company in the top right hand corner of the copy of each document you submit. **See the Cover Sheet for Dependent Verification for your Member ID#; it is in the upper right hand corner.**
3. **SUBMIT DOCUMENTATION**
   - **ONLINE:** Visit the Sample Company Dependent Eligibility Verification secure website at [URL] for instructions on completing the Cover Sheet and submitting your required documents online; **OR**
   - **BY FAX OR MAIL: (complete all of the following steps)** ○ **COMPLETE, SIGN AND DATE** the enclosed Cover Sheet for Dependent Verification;
     - **FAX** your documents to Secova toll-free at [FAX NUMBER]; **OR MAIL** the completed and signed Cover Sheet for Dependent Verification with copies of required eligibility documentation to Secova using the enclosed prepaid envelope. If you mail the Cover Sheet, please keep a copy for your records.

All documents must be received no later than [DATE].

Once you've completed the verification process, you will receive confirmation on the verification status of your dependent(s) from Secova. Please contact Secova at [PHONE NUMBER] (toll-free) if you have any questions during this process. Representatives are available to assist you [HOURS/DAYS OF OPERATION]. Translation services are available for Spanish and 150 other languages. **If you do not respond to this request for verification, your dependents will be removed from Sample Company sponsored coverage.**

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 Representative
Title