

**United Food and Commercial Workers Unions
and Participating Employers
Health and Welfare Fund**

911 Ridgebrook Road
Sparks, Maryland 21152-9451
Telephone: (410) 683-6500
(800) 638-2972
www.associated-admin.com

8400 Corporate Drive, Suite 430
Landover, Maryland 20785-2361
Telephone: (301) 459-3020
(800) 638-2972
www.associated-admin.com

****DEPENDENT SPOUSE ELIGIBILITY AUDIT****

October 1, 2017

Dear Participant:

The UFCW Unions and Participating Employers Health and Welfare Fund is conducting a dependent spouse verification audit. **Please note, failure to provide the requested form and documentation will result in the loss of dependent coverage for your spouse.**

Since you are a participant in the Fund and you currently have a spouse enrolled for dependent coverage, **please fill out the enclosed form and return it to the Fund Office with the required documents by October 31, 2017.**

Copies of a dependent spouse verification document, and the enclosed Dependent Verification Form, must be received by fax, mail, or email. A pre-addressed envelope is enclosed for your convenience. Should you have any questions, please contact the Fund Office at (800) 638-2972.

Mail: UFCW Unions and Participating Employers
Health & Welfare Fund
Attn: Eligibility Dept.
911 Ridgebrook Rd
Sparks, MD 21152-9451
Fax: (410) 683-7792
Email: spousalaudit@associated-admin.com

Thank you for your cooperation.

Fund Office

Enclosure

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VERIFICATION FORM

Dependent Spouse

- As stated in your Summary Plan Description,
Your legally married spouse is eligible for benefits until the earliest of: (a) 3 years from the date of physical separation; (b) the date of divorce; or (c) the date of legal separation.

Participant Information

Last Name		First Name		MI
Address				
City		State	Zip Code	
Telephone		Sex: M/F	Date of Birth	
Marital Status:				
<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Separated				
Date of Marriage:				

Spouse Information

Last Name		First Name		MI
Address				
City		State	Zip Code	
Telephone		Sex: M/F	Date of Birth	

If the address of participant and spouse are not the same, what is the date the physical separation started? _____

I, _____, certify that my spouse and I are still married and that we are not legally separated.

Please return this form to the Fund Office **with one of the following:**

- A copy of the front page of your 2016 federal tax return (Form 1040) confirming this dependent as a spouse. If taxes are filed "Married Filing Separately," the front pages for both returns are required.
- A document dated within the last 60 days showing that the spouse lives at the participant's address. **This document must list your spouse's name, the date, and your (the participant's) mailing address.** Health care bills cannot be accepted as proof, since health care coverage is being verified. Here are some examples: a mortgage statement, a rental contract, a credit card statement, a phone bill, a cable bill, a gas and electric or other utility bill.

Please mail, fax or email this form with documentation as indicated below.

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Health & Welfare Fund
Attn: Eligibility Dept.
911 Ridgebrook Rd
Sparks, MD 21152-9451

Fax: (410) 683-7792

Email: spousalaudit@associated-admin.com

IMPORTANT NOTICE: IT IS FRAUDULENT TO KNOWINGLY PROVIDE FALSE INFORMATION, OR TO KNOWINGLY CONCEAL INFORMATION FROM THE FUND IN AN EFFORT TO MAINTAIN DEPENDENT COVERAGE.

I, _____, have read the above and I
(Print Name)
understand the information.

I further state that I personally completed this form and all information is complete and accurate.

Participant's Signature: _____

Spouse's Signature: _____

Date: _____