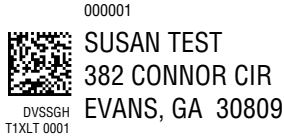


ADP Dependent Verification Services
P.O. Box 4350
Alpharetta, GA 30023-4350



08/17/2017



Dear SUSAN TEST:

You recently provided the required proof of eligibility for your dependent(s) and event. This letter is to inform you the dependent verification process has been **Approved** based on the documentation you provided.

If your dependent is disabled, a secondary verification process is required before final approval can be determined. Please contact SHBP Member Services, no later than 14 calendar days from the date of this letter, for more information on completing the Disabled Dependent process.

Dependent/Event Information				
No.	Name	Birth Date	Dependent Type	Dependent Status
2	GRAHAM SALDIVAR	07/19/2017	Child	Approved
Event				Event Status
Birth				Approved

We appreciate your prompt attention to this request. If you have any questions regarding the verification process, please call:

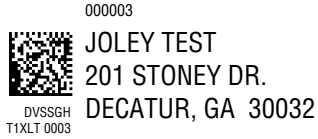
SHBP Member Services
1-800-610-1863
Representatives are available **8:30 a.m. - 5:00 p.m. EST (Monday - Friday)** (except holidays).
You may also log onto <https://www.adpdvs.com> to view a copy of this letter and review the status of your audit.

Sincerely,
State Health Benefit Plan

ADP Dependent Verification Services
P.O. Box 4350
Alpharetta, GA 30023-4350



08/17/2017



Dear JOLEY TEST:

This letter is to inform you that you failed to provide the required documentation to verify eligibility for your dependent(s) or event. As a result, each dependent listed below will be removed from coverage and the event will be reversed.

Dependent/Event Information

No.	Name	Birth Date	Dependent Type
2	LUKE TEST	06/09/2017	Child

Event

Birth

If you have any questions regarding the verification process, please call:

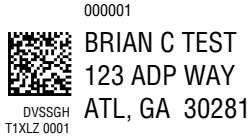
SHBP Member Services
1-800-610-1863
Representatives are available **8:30 a.m. - 5:00 p.m. EST (Monday - Friday)** (except holidays).
You may also log onto <https://www.adpdvs.com> to view a copy of this letter and review the status of your audit.

Sincerely,
State Health Benefit Plan

ADP Dependent Verification Services
P.O. Box 4350
Alpharetta, GA 30023-4350



08/17/2017



Dear BRIAN C TEST:

This letter is to inform you that you did not provide the required documentation to complete the dependent verification process. The dependents listed below as Failed will be removed from coverage.

If your dependent is disabled, a secondary verification process is required before final approval can be determined. Please contact SHBP Member Services, no later than 14 calendar days from the date of this letter, for more information on completing the Disabled Dependent process.

Dependent/Event Information				
No.	Name	Birth Date	Dependent Type	Dependent Status
1	KIRBY TEST	03/03/1988	Spouse	Approved
2	LISA TEST	06/23/1998	Child	Failed
Event				Event Status
Loses Group Coverage Elsewhere				Approved

If you have any questions regarding the verification process, please call:

SHBP Member Services
1-800-610-1863
Representatives are available **8:30 a.m. - 5:00 p.m. EST (Monday - Friday)** (except holidays).
You may also log onto <https://www.adpdvs.com> to view a copy of this letter and review the status of your audit.

Sincerely,
State Health Benefit Plan