


08/17/2017

000001
 KYLE T TEST
3360 TURKEY LANE
MYTOWN, GA 30019
DVSSGH
T1XLU 0001

VERIFICATION DEADLINE
10/01/2017

Dear KYLE T TEST:

As part of State Health Benefit Plan (SHBP)'s continued effort to provide our employees with a competitive benefits program, we are verifying eligibility of coverage for each of your dependents. Your participation in this verification process will help ensure that only eligible dependents are enrolled in coverage.

All you need to do is complete these three simple steps:

1. Review the enclosed Cover Sheet and confirm that each dependent is eligible for coverage.
2. Obtain the required documentation for each dependent listed on the Cover Sheet. For information regarding where to obtain the necessary documentation, log onto <http://www.cdc.gov/nchs/w2w.htm> or <http://www.vitalrec.com>.
3. Upload or fax the completed Cover Sheet, along with the required documentation, by **10/01/2017**.

SECURE UPLOAD: <https://www.adpdvs.com> **Registration Code** d7KR7Ktx

Note: To upload scanned images of your documentation, please log onto <https://www.adpdvs.com>. If this is your first time using the site, you will need the registration code listed above, along with additional requirements that will be listed on the website. Click on the *First Time Registration* link and follow the instructions on your screen.

The website allows you to view the required documents, view a copy of this letter, submit documents and check the status of your audit.

SECURE FAX: Dependent Verification Services
866-400-1686

We are committed to protecting employee privacy and can assure you that all documentation will be treated confidentially. You will receive a confirmation letter after your documentation has been processed.

If you do not complete the process and provide acceptable proof of dependent eligibility, your dependent coverage may be terminated or rescinded.

If you have questions or need additional information regarding the necessary documentation, call:

SHBP Member Services
1-800-610-1863
Representatives are available **8:30 a.m. - 5:00 p.m. EST (Monday - Friday)** (except holidays).

Sincerely,

State Health Benefit Plan

Enclosure(s)

Required Documentation

Important! If you are sending a copy of your tax return, block out Social Security numbers and any financial information. Only the first page of the tax return is required.

Child

Please submit one item from List A.

List A

Adoption Certificate
 Adoption Placement Agreement
 Birth Certificate with Parent's Name Listed
 Documentation of Legal Custody
 Documentation of Legal Guardianship
 Hospital Birth Record (within 90 Days of Birth)
 Qualified Medical Child Support Order

Spouse

Please submit one item from List A OR one item from List B AND List C. If you are submitting a document from List C, it must be dated within 6 months of the audit end date and have the dependent's name listed on the document.

List A

List B

List C

Current Federal Tax Return with Dependent Listed
 Marriage Certificate

Common Law Affidavit

Bank or Credit Card Statement with Common Address
 Mortgage or Lease Statement with a Common Address
 Motor Vehicle Statement with a Common Address
 Utility Bill with a Common Address

State Health Benefit Plan (SHBP)

Cover Sheet

(This sheet must be returned with the required documentation included)

From: KYLE T TEST
3360 TURKEY LANE
MYTOWN, GA 30019

To verify the eligibility of each of your dependents, complete the following three simple steps by **10/01/2017**.

Step 1: Review the dependent information below and confirm that each dependent is eligible for coverage. If your dependent is not eligible for coverage, please check "Not Eligible."

No.	Name	Birth Date	Dependent Type	Not Eligible
1	RACHEL TEST	08/04/1977	Spouse	<input type="checkbox"/>
2	JOEY TEST	11/19/2003	Child	<input type="checkbox"/>
3	MO TEST	04/25/2011	Child	<input type="checkbox"/>
4	CURLY TEST	06/29/2012	Child	<input type="checkbox"/>
5	ROSS TEST	11/08/2005	Child	<input type="checkbox"/>
6	LARRY TEST	12/20/2007	Child	<input type="checkbox"/>

Step 2: Obtain the Required Documentation for each dependent listed.

Refer to the previous page for a list of documents that must be submitted for dependent verification. Also, print State Health Benefit Plan (SHBP) on each of the proof items you are sending.

If you have questions concerning your audit, please call **1-800-610-1863**.

Step 3: Upload or fax this completed Cover Sheet, along with the required documentation, by 10/01/2017.

Note: This completed Cover Sheet is required for your documentation to be processed!

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SECURE FAX: Dependent Verification Services
866-400-1686

Your Signature

Date

Do not write below this line



VERIFICATION DEADLINE

10/01/2017

FAX THIS PAGE ON TOP