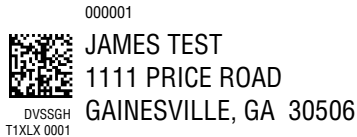


08/17/2017



VERIFICATION DEADLINE
10/01/2017

Dear JAMES TEST:

This letter is a **reminder** that the required documentation for your dependent(s) and event has not been received. As part of State Health Benefit Plan (SHBP)'s continued effort to provide competitive benefits, we are verifying the eligibility of coverage for each of your dependents, as well as validating the event that was used to add them to coverage. 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 and the event is valid.
2. Obtain the required documentation for each dependent and the event 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** vMBGMnCb

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process and provide acceptable proof of dependent and event eligibility, your dependent coverage may be terminated or rescinded.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

Dependent(s) Loses PeachCare or Medicaid

Please submit one item from List A. The document submitted must include the reason for loss of coverage.

List A

Ltr.Verifying Loss of PeachCare/Medicaid Coverage

State Health Benefit Plan (SHBP)

Cover Sheet

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

From: JAMES TEST
1111 PRICE ROAD
GAINESVILLE, GA 30506

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

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

No.	Name	Birth Date	Dependent Type	Not Eligible
3	Christopher TEST	09/30/1999	Child	<input type="checkbox"/>

Event

Dependent(s) Loses PeachCare or Medicaid

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

Refer to the previous page for a list of documents that must be submitted for dependent and event 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!

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

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

Your Signature

Date

Do not write below this line



VERIFICATION DEADLINE

10/01/2017

FAX THIS PAGE ON TOP