


08/17/2017

000001
 SHEILA TEST
111 SANDY RUN DR NE
MYTOWN, GA 31313
DVSSGH
T1XLV 0001

VERIFICATION DEADLINE
10/01/2017

Dear SHEILA TEST:

This letter is to inform you that additional documentation is required for each dependent listed as **Pending Failure** on the enclosed Cover Sheet. As part of the verification process, you are required to furnish proof of dependent eligibility by **10/01/2017**.

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** k77582rs

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the process and provide acceptable proof of dependent eligibility, your dependent coverage may be terminated or rescinded.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

State Health Benefit Plan (SHBP)

Cover Sheet

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

From: SHEILA TEST
111 SANDY RUN DR NE
MYTOWN, GA 31313

Listed below are your dependent(s) that require verification. If the Dependent Status is Pending Failure, additional documentation is required.

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	Dependent Status	Not Eligible
1	Danielle TEST	11/18/2003	Child	Pending Failure	<input type="checkbox"/>
2	SUE TEST	08/01/1995	Child	Pending Approval	<input type="checkbox"/>

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

Refer to the following 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. A list of the documentation submitted is listed in the Status of Documentation Received section on the back of this page.

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 k77582rs

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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

Please review the table(s) below for information on documents received. If the table(s) below are blank, valid documentation was **not** received. The table(s) do not capture all the documentation still needed to satisfy the audit. Please reference the Required Documentation tables for a complete list.

Status of Documentation Received

No.	Dependent Name	Document List	Document Received	Document Status
2	SUE TEST	A	Birth Certificate with Parent's Name Listed	Approved

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