



carpenters'
benefit plans
HEALTH & RETIREMENT SERVICES

Dependent Eligibility Verification
C/O Secova Service Center
PO Box 6000
Newport Beach, CA 92658

**TIME SENSITIVE: DEPENDENT ELIGIBILITY VERIFICATION
FAILURE TO RESPOND WILL IMPACT YOUR DEPENDENT'S ELIGIBILITY**



Secova ID#: a032456789



RESPOND BY MAY 23, 2019

Secure Online Verification and Uploads:

Visit the Verification Station secure website at:

<https://verify.secova.com/carpenters>

Secure Fax: 877-809-9113 toll-free

Mail: Carpenters Health Plan, C/O Secova Service Center,
PO Box 6000, Newport Beach, CA 92658

Phone: 877-692-9165 toll-free

Representatives are available Monday through Friday from
7 AM to 10 PM CT. All calls are confidential.

April 16, 2019

<MEMBER NAME>
<ADDRESS 1>
<ADDRESS 2>
<CITY, STATE ZIP>

**IMPORTANT: ACTION IS REQUIRED TO PREVENT TERMINATION OF COVERAGE FOR YOUR
DEPENDENTS COVERED UNDER THE ST. LOUIS – KANSAS CITY CARPENTERS REGIONAL HEALTH PLAN.**

Dear <Member Name>:

The St. Louis – Kansas City Carpenters Regional Health Plan (Carpenters Health Plan) is taking steps to comply with the Department of Labor's (DOL) requirement to only provide benefits to eligible members and their eligible dependents. Covering "non-qualified" dependents not only goes against DOL guidelines, it has a financial impact on the hard-earned contributions received on your behalf. Therefore, to provide coverage for qualified dependents only, the Board of Trustees has authorized a full Dependent Eligibility Verification audit. Ultimately, this audit will save you and the Carpenters Health Plan money. Experts estimate that providing benefits to "non-qualified" dependents could cost millions annually. While this may be an inconvenient and frustrating process for our membership, it is a necessity that will help us fulfill our mission of providing the highest quality benefits, to the most members, for as long as possible.

Carpenters Health Plan has partnered with Secova, an independent firm who specializes in dependent validation, to conduct a confidential Dependent Eligibility Verification. Secova has been authorized to obtain documentation from Carpenters Health Plan members as proof that a dependent enrolled for coverage meets the eligibility guidelines. Secova is staffed with knowledgeable professionals and will provide our Carpenters Health Plan members with confidential support and resources throughout the verification process.

Note: This verification project is only for those dependents enrolled in Carpenters Health Plan. Dependents enrolled in our Medicare Advantage Plan through UnitedHealthcare are exempt from this verification audit.

SECURITY

Protecting the personal information of members and their dependents is a priority to Carpenters Health Plan and Secova. Secova is an International Organization for Standardization (ISO 27001:2013) certified company with an outstanding reputation in the industry with proven ability to administer confidential dependent eligibility verifications. Secova enforces a strict company privacy policy to ensure that the information you submit by any method – paper, electronic, fax – remains confidential and secure. Secova will not disclose, sell, or share personal information with anyone other than Carpenters Health Plan.

THE VERIFICATION PROCESS

As a member with one or more dependents enrolled in Carpenters Health Plan coverage, you must provide all required documentation for each ELIGIBLE dependent to Secova no later than May 23, 2019. We realize that many of you may have already provided eligibility documentation to Carpenters Health Plan when enrolling your dependent(s); however, you will need to resubmit the required documentation to Secova to complete the Dependent Eligibility Verification process.

Note: As required by federal law, all employers, insurers, and Carpenters Health Plan administrators are required to provide Social Security Numbers to the Centers for Medicare & Medicaid Services (CMS) and to the Internal Revenue Service for health coverage verification. If Carpenters Health Plan does not currently have a Social Security Number on file for each of your enrolled dependents, you will be required to provide this information during the verification process.

ACTION REQUIRED: Please review the definition of Eligible Dependents and Required Documents on the reverse side of this letter and follow the steps to complete your Dependent Eligibility Verification.

FOLLOW THESE STEPS TO COMPLETE THE DEPENDENT VERIFICATION PROCESS:

1. **REVIEW** the below *Definition of Eligible Dependents* to confirm your enrolled dependent(s) meets the eligibility requirements.
2. **OBTAIN** the required documentation for each dependent who is currently eligible for coverage. Write your Name, Secova ID# (listed in upper right hand corner of this letter) and Carpenters Health Plan at the top of each document you submit.
3. **DOCUMENT SUBMISSION**
 - o **GO ONLINE** to complete your Dependent Eligibility Verification and upload the Required Documents
 - o **FAX OR MAIL** paper copies. Complete the **VERIFICATION FORM ENCLOSED IN THIS PACKET. SIGN and DATE** the form. Fax this form along with the **REQUIRED DOCUMENTS** to Secova (see enclosed **Frequently Asked Questions** for instructions). Please keep a copy of all documents for your records.

ELIGIBLE DEPENDENTS ARE DEFINED AS FOLLOWS:

Spouse (including common law spouse)	A member's spouse is the individual to whom the member is married. The validity of a marriage shall be determined under the law of the state in which the marriage took place.
Your Child up to age 26	A member's child is any of the following, provided in each case that the child is a "child" or "dependent" of the member within the meaning of section 105(b) of the Internal Revenue Code: natural child; child adopted by judicial decree; child legally placed for adoption in the member's home; child for who the Plan is required to provide coverage pursuant to a qualified Medical Child Support Order (QMCSO); or member's stepchild, as long as the child's natural parent is the Member's spouse. A member's child is eligible for Dependent coverage until the last day of the calendar month in which child's 26th birthday occurs.
Disabled Child	A member's child may remain eligible for dependent coverage on and after the child's 26th birthday if, and so long as, the child is totally and permanently disabled and the member is entitled to and does claim a deduction for the child on the Member's federal income tax return.

REQUIRED DOCUMENTS TO VERIFY DEPENDENT ELIGIBILITY

REQUIRED DOCUMENT(S) – All required documents must include a date, member and dependent(s) name. Please send copies only, no originals.

SPOUSE (including common law spouse)	To verify your spouse, we need proof that you claimed your spouse as a dependent on your 2017 or 2018* Federal Income Tax Return. Please send one of the following documents: <ul style="list-style-type: none"> Email Confirmation of Certificate of filing. If the email does not list your spouse's name, you must also send page 1 of your Federal income tax return OR Page 1 and signature page of Federal Income Tax Return See enclosed #13 in FAQs for instructions on blacking out private information. *For the 2018 Federal Tax Return, the signature page is located on page 1
BIOLOGICAL CHILD UP TO AGE 26	Birth Certificate (issued by a state, county, or vital records office) listing member as the parent.
ADOPTED CHILD	Certificate of Adoption signed by a judge, Order of Adoption (intent to adopt) signed by a judge, OR Birth Certificate listing member as the parent.
STEPCHILD UP TO AGE 26	See SPOUSE section above and provide documentation to verify SPOUSE AND Birth Certificate of stepchild (issued by a state, county or vital records office) listing spouse as parent.
CHILD UNDER LEGAL GUARDIANSHIP	Court order signed by a judge verifying legal custody of the child
Qualified Medical Child Support Order (QMCSO)	Medical Support Order issued by a state agency or any other documentation
DISABLED CHILD	You must submit the required document(s) for one of the dependent categories above, as proof that the dependent is your child or the child of your spouse.

RESOURCES TO OBTAIN DOCUMENTS:

NOTE: If your legal documents are in a foreign language, please include a notarized translation in English.

ALL STATES & INTERNATIONAL

- Birth Certificates & Marriage Licenses: <http://www.cdc.gov/nchs/w2w.html> (click on your State for details)
- Children born outside the United States: http://travel.state.gov/passport/get/first/first_825.html

<MEMBER NAME>



Secova ID#: a032456789

GO PAPERLESS - Visit the Verification Station secure website at: <https://verify.secova.com/carpenters> to complete your Dependent Eligibility Verification and submit your documentation electronically.

ST. LOUIS – KANSAS CITY CARPENTERS REGIONAL HEALTH PLAN VERIFICATION FORM FOR DEPENDENT ELIGIBILITY

IMPORTANT: Please complete this Verification Form by checking the appropriate box for your dependent(s) listed below to indicate eligibility for coverage and provide a Social Security Number for your dependent if not already on file with Carpenters Health Plan.

Verification Forms with missing information will be considered incomplete and will result in a delay in the verification process for your eligible dependent(s). If you select "Not Eligible" or do not respond for any dependent(s) listed below by May 23, 2019 your dependent(s) will be terminated from Carpenters Health Plan coverage.

Dependent Name and SSN (Print neatly in the space below)	IS DEPENDENT ELIGIBLE FOR COVERAGE? <i>Please complete the actions required under selected answer 'Yes' or 'No'</i>	
HAILEY SAMPLE	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Relation: SPOUSE SSN: on file with St. Louis – Kansas City Carpenters Regional Health Plan	ACTION REQUIRED: See the enclosed Required Documents listing and submit the required documentation for your spouse.	ACTION REQUIRED: Provide the date of ineligibility, reason to remove from coverage, and supporting documentation. Date ineligible: ____/____/____ (required) Reason: <input type="checkbox"/> Divorced or legally separated <input type="checkbox"/> Deceased <input type="checkbox"/> Other _____
MATTHEW SAMPLE	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Relation: CHILD SSN: ____ - ____ - ____ ACTION REQUIRED: Provide a copy of the front and back of the above dependent's Social Security Card along with required documentation.	ACTION REQUIRED: See the enclosed Required Documents listing and submit the required documentation for your dependent child.	ACTION REQUIRED: Provide the date of ineligibility, reason to remove from coverage, and supporting documentation. Date ineligible: ____/____/____ (required) Reason: <input type="checkbox"/> Over age 26 and not disabled <input type="checkbox"/> Deceased <input type="checkbox"/> Other _____
ASHLEY SAMPLE	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Relation: CHILD SSN: ____ - ____ - ____ ACTION REQUIRED: Provide a copy of the front and back of the above dependent's Social Security Card along with required documentation.	ACTION REQUIRED: See the enclosed Required Documents listing and submit the required documentation for your dependent child.	ACTION REQUIRED: Provide the date of ineligibility, reason to remove from coverage, and supporting documentation. Date ineligible: ____/____/____ (required) Reason: <input type="checkbox"/> Over age 26 and not disabled <input type="checkbox"/> Deceased <input type="checkbox"/> Other _____

CONTACT INFORMATION

Please give us your email address so we can send you correspondence regarding your Dependent Eligibility Verification and your telephone number so we can reach you if we have questions. Your information will be kept confidential. Secova does not disclose, sell, or share personal information with anyone other than Carpenters Health Plan.

Email address:	Cell Phone: ()	Home Phone: ()
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Would you like to receive text message notifications regarding your audit status? ☐ Yes ☐ No (Standard messaging rates may apply)

DECLARATION: SIGNATURE IS REQUIRED. Verification Forms submitted without a signature will be considered incomplete.

By signing this Verification Form, I attest I have read and understood the Dependent Eligibility Rules and that the information I am submitting is true and accurate as of the date signed. I understand that falsification of information on this form may result in repayment of premiums and all expenses and can result in immediate disqualification for myself and dependents from Carpenters Health Plan.

Member's Signature

Date

rDEPENDENT ELIGIBILITY VERIFICATION FREQUENTLY ASKED QUESTIONS & DOCUMENT SUBMISSION CHECKLIST

GENERAL INFORMATION

1. Why is St. Louis – Kansas City Carpenters Regional Health Plan conducting a Dependent Eligibility Verification?

The St. Louis – Kansas City Carpenters Regional Health Plan (Carpenters Health Plan) is taking steps to comply with the Department of Labor's (DOL) requirement to provide benefits only to eligible members and their eligible dependents. Covering 'non-qualified' dependents not only goes against DOL guidelines, it has a financial impact on the hard-earned contributions received on your behalf. Ultimately, this audit will save you and the Carpenters Health Plan money.

2. I lost coverage on March 31, 2019, so why am I getting this Dependent Eligibility Verification packet?

Dependents who were covered by the Carpenters Health Plan as of March 2019 were included in this dependent audit. If you become covered again in the future by the Carpenters Health Plan, your dependents will not be eligible until the required documentation is provided. Unless you have left the trade, we recommend that you submit the proper documentation now.

3. What happens if I do not submit/return my *Verification Form* and Required Documentation by the deadline?

Secova will attempt to reach you via phone, email and/or mail to make sure you meet the deadline. If you do not submit the *Verification Form* and Required Documents by May 23, 2019, your dependent(s) will not be eligible for dependent coverage.

4. Will my personal information be safe with Secova? What will Secova do with my documents?

Yes, your personal information will be safe with Secova. Secova enforces a strict company privacy policy to ensure that the information you submit by any method including paper, electronic and telephonic, remains secure. **Do not send original documents to Secova, only photocopies.** When Secova receives your paper documents, they are scanned to an electronic image. This image is stored on a secure system with password-protected access. After the verification process is complete and data has been provided back to Carpenters Health Plan, Secova will destroy all copies and images.

Secova does not disclose, sell, or share personal information with anyone or any company other than Carpenters Health Plan. All member data is kept confidential and private throughout each step in Secova's work processes. Incoming data is transferred via a secure FTP site, encrypted e-mails, or password-protected web uploads, then stored in Secova's password-protected databases. Secova's Information and Data Security Plan is fully compliant with all current federal regulations and international standards.

5. What are my options for completing the Dependent Eligibility Verification and submitting my documents to Secova?

You can use one of the following options in transmitting information to Secova:

Secure Online Verification and Uploads at: <https://verify.secova.com/carpenters>: Follow the instructions on the screen to enter your Secova ID# (listed in upper right hand corner of the enclosed *Letter/Verification Form*), and password. **The first time you log into the system your password will be your DOB (MMDDYYYY) and the last 4 digits of your Secova ID#.** You will be prompted to change your password once you have confirmed your email address.

Secure Fax: 877-809-9113 (toll-free): Make sure documents are placed in the proper position on the fax machine, either face up or face down (depending on the fax machine) to prevent sending blank documents. Blank documents cannot be processed and will result in the dependent(s) being placed in a "no response" status. You are responsible for making sure that your fax is properly transmitted to Secova's secure fax line. Please remember to keep a copy of your fax confirmation page for future reference.

Mail: Carpenters Health Plan, C/O Secova Service Center, PO Box 6000, Newport Beach, CA 92658. You may need to use more than one envelope if you are submitting multiple documents. **For speedy processing, do not use color paper, color ink, staple, tape or clip your documents.**

*****Allow ten (10) business days for processing once Secova receives your *Verification Form* and documentation.**

6. Will I receive confirmation once my verification is complete?

Yes. Secova will send you a confirmation notice after your verification is complete. If your *Verification Form* or Required Documents are incomplete, Secova will send you a notice that lists the additional information needed to complete the process. You also can go online to the Verification Station secure website at <https://verify.secova.com/carpenters> to check the status of your dependent eligibility verification at any time.

7. What do I need to do if one or more of my enrolled dependents no longer meets one of the eligibility requirements?

You must check the appropriate box on the *Verification Form* for each dependent who does not meet the eligibility requirements; providing the date of ineligibility, reason, and appropriate documentation (e.g. Divorce Decree, Birth or Death Certificate) and send to Secova. Secova will notify Carpenters Health Plan, and your dependent(s) will be removed from coverage.

8. Who do I contact if I have questions about the Dependent Eligibility Verification Process?

You can visit Carpenters Health Plan's Dependent Eligibility Verification secure website at <https://verify.secova.com/carpenters> or call Secova at 877-692-9165 (toll-free). Representatives are available Monday through Friday from 7 AM to 10 PM CT. Your call is always confidential.

DEPENDENT ELIGIBILITY

9. Which dependents are not eligible?

Any dependent not specifically listed on the enclosed *Verification Letter* under "Eligible Dependents" is not eligible for coverage **with the exception of those dependents enrolled in the Medicare Advantage program through UnitedHealthcare (UHC)**. This audit is for those dependents enrolled in the Carpenters Health Plan coverage only, not UHC coverage. If someone is missing and they are not enrolled in UHC coverage, please contact Carpenters Health Plan Member Services Department at 877-232-3863 (toll-free).

10. What happens to the coverage of a dependent(s) enrolled in benefits who does not meet the eligibility requirements?

A dependent(s) who does not meet the eligibility requirements will be removed from coverage.

DOCUMENTATION TO PROVE ELIGIBILITY

11. I already provided eligibility documentation to Carpenters Health Plan at the time I enrolled my dependent(s) in coverage. Do I still need to send eligibility documentation to Secova?

Yes. We realize that many of you may have already provided eligibility documentation to Carpenters Health Plan when enrolling your dependent(s); however, you will need to resubmit the required documentation to Secova to complete the Dependent Eligibility Verification process.

12. Can electronically submitted tax returns (such as Turbo Tax) be submitted as verification documentation?

Yes. However, in addition to the first page of your electronically filed tax return, we will need a copy of the certificate of electronic filing or email confirmation of electronic submission.

SUBMISSION OF DOCUMENTATION

13. How to submit required documentation:

- **Submitting a copy of a Federal Tax Return** - Use a black marker to hide financial and Social Security Numbers on the tax return copies before submitting it to Secova. Please note that it is a felony to falsify the information on IRS tax forms.
- **Document proofs** - Birth Certificates, Social Security Cards, etc. are to be copied and submitted on a single sheet, one sided. The back-side is to remain blank.
- **Confidentiality** - Each member should submit documentation for his or her own dependent(s). Do not submit dependent documentation on behalf of others.
- **Sending multiple verification documentation** - Whether you are uploading, faxing or mailing the required documents, make sure each document is copied on its own separate page. (For example, if you are submitting a Social Security Card for your spouse and a Birth Certificate for your child, the Social Security Card should be copied onto one page and the Birth Certificate onto a second page). All copies should be **single-sided only**. Do not copy on the back side of any document.

DOCUMENT SUBMISSION CHECKLIST



- ☐ Sign, date, and return the enclosed *Verification Form* or submit online, along with the Required Documentation, for each dependent who is currently eligible for Carpenters Health Plan coverage.
- ☐ Submit a legible black and white COPY of the document – No originals, please. Original documents will NOT be returned.
- ☐ Write your Name, Secova ID# (listed on the enclosed *Verification Form*), and Carpenters Health Plan at the top of each document you submit - to avoid processing delays.
- ☐ Provide your email address and telephone number on the *Verification Form* for faster response.

RETURN THE VERIFICATION FORM AND REQUIRED DOCUMENTS TO SECOVA NO LATER THAN MAY 23, 2019.