



**DEPENDENT VERIFICATION**  
 P.O. Box 1587  
 Jeffersonville IN 47131



April 13, 2011

emp\_name  
 street  
 street2  
 city, state zip

- UPLOAD.** [www.AuditOS.com](http://www.AuditOS.com)
- FAX.** (xxx) xxx-xxxx
- MAIL.** P.O. Box 1587, Jeffersonville, IN 47131
- PHONE.** (xxx) xxx-xxxx

**REFERENCE NUMBER: EID**

**IMPORTANT HEALTHCARE INFORMATION ENCLOSED.  
 YOUR RESPONSE IS REQUIRED BY MAY 30, 2011.**

Dear <<emp\_Name>>

The State of Colorado (the State) continually looks for ways to maintain a competitive benefits package at a reasonable cost to its employees. As part of the ongoing efforts to manage rising healthcare costs, the State has partnered with HMS Employer Solutions (HMS), an outside auditing company, to conduct a confidential dependent verification program. Providing coverage to ineligible dependents increases healthcare plan costs for you and the State. This process ensures that coverage is only extended to those who are eligible for plan benefits.

As a reminder, eligible dependents are defined in your benefits summary as:

- ✓ Your legal spouse
- ✓ Your common law spouse
- ✓ Your qualifying same gender domestic partner
- ✓ Your dependent *child*\* up to age 26\*\*
- ✓ Your *child*\* age 26 or above who is disabled and dependent upon you for support and not covered by another government plan

*\*A child is defined as an employee's, spouse's, or same gender domestic partner's children, including biological, legally adopted, step, legally placed in foster care or for adoption, or a minor child for whom the employee has a court order granting allocation of parental responsibility (legal custody) that specifies responsibility for health insurance.*

*\*\*A child age 25 or above is not eligible for coverage at this time. The maximum age will change to up to age 26 on July 1, 2011. Since any changes in coverage as a result of this verification process will be effective July 1, 2011, up to age 26 is used even though a child age 25 is not currently eligible.*

The State's employees are required to provide proof of eligibility for any dependent(s) covered under the medical, dental and optional life insurance plans. A detailed list of documents required to validate each dependent can be found on the reverse side of this letter. You must provide all required documents for each enrolled dependent to HMS no later than **May 30, 2011**.

**If you do not respond or provide the required documents for any dependent(s), those dependent(s) will be removed from coverage effective the last day of the month that termination is requested.**

To complete the dependent verification process, simply follow these steps:

- ✓ Carefully review the definition of an eligible dependent above.
- ✓ Indicate dependents current eligibility and/or the need to remove dependents who do not meet the definition of an eligible dependent.
- ✓ Collect all documents listed as **REQUIRED DOCUMENTS** on the back of this page. For faster processing, follow the Document Submission Checklist on the back of the enclosed FAQ Page.
- ✓ **SIGN** and **DATE** the back page of this letter.
- ✓ Submit the **SIGNED LETTER** and copies of all **REQUIRED DOCUMENTS** to HMS by **May 30, 2011**. Please note original documents will not be returned. See the submission instructions on the Document Submission Checklist on page 4.

For more details, a list of Frequently Asked Questions is enclosed. Also, you may contact HMS Customer Care Representatives by calling (xxx) xxx-xxxx Monday through Friday, between 6 am and 10 pm Mountain Time to answer any questions .

The State appreciates your cooperation in this important effort to keep healthcare costs down.



Para asistencia en español o cualquier otro idioma, por favor comuníquese con HMS Employer Solutions al (xxx) xxx-xxxx Lunes a Viernes de 6:00 a.m. a 10:00 p.m. Mountain Time.

**See reverse side to complete (over) →**

**INDICATE ELIGIBILITY AND/OR REQUEST REMOVAL**

Enrolled Dependent Name   Relationship   DOB	Does this dependent meet the DEFINITION OF AN ELIGIBLE DEPENDENT?								If NO, what date did the dependent NO LONGER qualify as an eligible dependent?
	For Medical - YES	For Medical - NO	For Dental - YES	For Dental - NO	For Voluntary Spouse Life - YES	For Voluntary Spouse Life - NO	For Voluntary Child Life - YES	For Voluntary Child Life - NO	
Jane Doe, Spouse 07/15/1970	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
James Doe, Child 01/15/2000	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Johnny Doe, Disabled Child 05/19/1990	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
James Doe, Child 01/15/2000	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Johnny Doe, Child 05/19/1990	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
James Doe, Child 01/15/2000	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
James Doe, Child 01/15/2000	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Johnny Doe, Child 05/19/1990	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
James Doe, Child 01/15/2000	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Johnny Doe, Child 05/19/1990	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

For any dependent that **DOES NOT** meet the definition of an eligible dependent where 'NO' is marked above, **NO DOCUMENTS ARE REQUIRED AND HIS/HER COVERAGE WILL TERMINATE ON the last day of the month that termination is requested.**

**REQUIRED DOCUMENTS**

All Required Documents **MUST** include date and/or year, employee name, and dependent's name.

**FOR LEGAL SPOUSE:**

- ✓ A copy of your marriage certificate **AND**
- ✓ A copy of the front page of your 2010 federal tax return confirming this dependent as a spouse. If taxes are filed "Married Filing Separately" the tax return for both spouses are required. If 2010 taxes have not been filed a copy of form 4868 must be submitted.

**FOR COMMON LAW SPOUSE:**

- ✓ A copy of the State of Colorado issued affidavit of Common Law Marriage (this can be found by logging into [www.AuditOS.com](http://www.AuditOS.com) or by visiting [www.colorado.gov/dpa/dhr/benefits](http://www.colorado.gov/dpa/dhr/benefits) and clicking on "Forms" under "Benefit Information") **AND**
- ✓ A document dated within the last 60 days showing current relationship status such as a monthly or quarterly household bill or statement of account. The document must list your spouse's name, the date, and your mailing address

**FOR SAME SEX GENDER PARTNER:**

- ✓ A copy of the State of Colorado issued Affidavit of Domestic Partnership (this can be found by logging into [www.AuditOS.com](http://www.AuditOS.com) or by visiting [www.colorado.gov/dpa/dhr/benefits](http://www.colorado.gov/dpa/dhr/benefits) and clicking on "Forms" under "Benefit Information") **AND**
- ✓ **TWO** documents dated within the last 60 days showing current relationship status, such as a joint household bill or joint bank/credit account, etc. The documents must be dated and list both of your names at your mailing address.

**FOR CHILDREN /DISABLED CHILDREN:**

- ✓ A copy of the child's birth or adoption certificate, naming you or your spouse as the child's parent, or appropriate custody or allocation of parental responsibility naming you or your spouse as the responsible party to provide insurance for the child.

**SIGNATURE AND DATE**

By my signature of this form, I certify and warrant to the State of Colorado that (1) all information on this form is true, correct, and current as of the date signed and (2) all documents submitted are authentic. I understand any attempt to maintain coverage for an ineligible dependent will be subject to appropriate disciplinary action.

Signature of Employee (REQUIRED): \_\_\_\_\_ Date: \_\_\_\_\_

**FOR FASTER PROCESSING**



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## DEADLINE TO SUBMIT DOCUMENTATION IS MAY 30, 2011

Reference Number: **EID**



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Employee Name: **Emp Name**



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PLEASE RETAIN FOR YOUR REFERENCE DURING THE DEPENDENT VERIFICATION PROCESS.

### DEPENDENT VERIFICATION PROGRAM FREQUENTLY ASKED QUESTIONS

**Q1: Why is the State of Colorado conducting a dependent verification program?**

The State is sensitive to the rising costs of healthcare premiums for its employees and feels that this verification program is necessary to make sure their plans are compliant, competitive and cost effective. This program also helps the State manage overall plan cost, which benefits all employees. While some employees may be intentionally covering ineligible dependents, the State believes that many employees are simply unaware that their dependent no longer meets the requirements for eligibility. No penalties will be imposed for dropping an ineligible dependent during this verification program.

**Q2: Who is HMS Employer Solutions (HMS)?**

HMS Employer Solutions is an independent third-party audit company with whom the State has contracted to verify the eligibility of dependents covered under its medical benefit plan. HMS specializes in verifying health plan eligibility and has audited verification documentation for hundreds of thousands of dependents for some of the largest employers in the United States. Experience and expertise are necessary to complete this program carefully and successfully, and to limit the inconvenience to participants.

**Q3: The documentation required contains sensitive data. Is this process secure?**

Protecting personal information is a priority to the State and HMS. In compliance with applicable U.S. (federal) and state regulations, information and documentation submitted to HMS for the dependent verification program is stored, processed and protected by physical, electronic and procedural safeguards. When submitting marriage certificates, birth certificates and other documents, please mark each document "Not for Official Use". This notation stipulates that the documents be used only for the purposes of verifying the eligibility of your dependents. When submitting your tax documentation, only the top portion which includes the names of employee, spouse and any dependent children is required. Please black out the Social Security number, as well as any income information. All documents are securely stored for six months following completion of the verification program. Upon expiration of the retention period, all documents and electronic files will be securely destroyed by HMS and a Certificate of Destruction will be supplied to the State. **Please note that documents provided will NOT be returned.** HMS meets all of the professional and legal standards associated with providing service to employers, including the Health Insurance Portability and Accountability Act (HIPAA), Employee Retirement Income Security Act (ERISA), and disposal rules as enforced by the Federal Trade Commission. In addition, every employee of HMS submits to a thorough and multi-tiered background check. Only HMS employees directly involved in the State dependent verification program will have access to these documents.

**Q4: Will I be penalized or charged any fees for ineligible dependents?**

No penalties will be imposed for voluntarily dropping an ineligible dependent during this dependent verification process. However, if you do not remove a dependent that is currently ineligible during this process, there may be penalties, including disciplinary action and reimbursement of benefits paid on behalf of the ineligible dependent.

**Q5: Do I need to send original documents?**

Please do not send your original documents; a copy is sufficient. If the document is two-sided or has multiple pages, ensure you copy all pages and both sides of the paper.

**Q6: Where do I go for more information regarding the audit?**

Visit us online at [www.AuditOS.com](http://www.AuditOS.com) for details regarding the audit, tools to assist you in locating and submitting your documentation and more. Additionally, you may call the HMS Customer Care Center Monday – Friday at (xxx) xxx-xxxx anytime between 6 am and 10pm Mountain Time.

**Q7: Will I be reimbursed for the cost of obtaining these documents?**

No, any charge for obtaining copies of required documents is your responsibility.

**Q8: What if my spouse and I file our 1040s separately?**

HMS will accept two 1040s (one from the employee and one from the spouse) as long as they are each filed as "Married filing separately."

**Q9: I have filed for an extension for my 2010 taxes. What alternate documentation can I submit?**

If you filed an extension, please send HMS a copy of federal form 4868. If filed jointly, this form requires that the names of both spouses are listed. If filed separately, please send us copies of both the employee's 4868 form and the spouse's 4868 form.

## DOCUMENT SUBMISSION CHECKLIST

- Submit all documents listed as **REQUIRED DOCUMENTS** on the back of the verification letter.
- Ensure each document is a **LEGIBLE BLACK and WHITE COPY** of the original document. Please note original documents will not be returned.
  - Include your **NAME** and **REFERENCE NUMBER [12345]** for easy identification on all submitted documents in the upper left hand corner.
  - Write '**NOT FOR OFFICIAL USE**' and **BLACK OUT** all social security numbers or income information on all documents.
  - DO NOT USE COLOR PAPER, COLOR INK, STAPLE, HIGHLIGHT, or TAPE** any of the Documents.

Return **ALL REQUIRED DOCUMENTS AND SIGNED LETTER** by May 30, 2011. Visit us at [www.AuditOS.com](http://www.AuditOS.com) to upload your documents, or submit via fax to (xxx) xxx-xxxx or submit your documents via mail to:  
HMS Employer Solutions at P.O. Box 1587, Jeffersonville, IN 4713.

### Q10: What happens if I do not submit all required documents by the Verification Deadline?

If you fail to provide or knowingly submit false information for enrolled dependents – one or all of the following actions may occur:

- The ineligible dependent(s) and/or dependents for whom complete documentation has not been submitted will be removed from coverage.
- The State may seek to recover all claims paid during the period that the ineligible dependent was covered.
- You may be subject to disciplinary action.

The State is ultimately responsible for determining how best to handle each individual case.

### Q11: May I provide my documents to my department's Human Resource office or the State's Division of Human Resources?

No. Neither your department's Human Resources office or the State's Division of Human Resources will forward documents to HMS and they will not provide employees with copies of previously submitted documents.

The only way to ensure that all documents are logged appropriately and eligibility is verified is to use the system that the State has set up through HMS. Please do not call State offices with questions or for assistance with the verification program, as this is an independent audit.

### Q12: Can an exception be granted to allow my ineligible dependent to stay covered?

No. Only dependents that currently satisfy the plan's eligibility definition can remain covered.

### Q13: What are my options for submitting documentation to HMS Employer Solutions?

HMS Employer Solutions offers a variety of options for document submission.

- ✓ **Document upload on the secure website:** Log onto [www.AuditOS.com](http://www.AuditOS.com) using your reference number and your date of birth. Your reference number can be located on the top right hand corner of the letter that you received. Once you have accessed the site you should click the "My Documents" tab. You will then see the "Browse" button. After you locate your file and successfully upload it you will receive a pop-up box confirming that your upload was successful.
- ✓ **Fax:** HMS Employer Solutions' toll-free fax number is (xxx) xxx-xxxx. You may fax your documents 24 hours a day, 7 days a week. If you fax your documents, please keep your fax verification sheet showing successful transmission.
- ✓ **Mail:** Documents can be mailed to the Dependent Verification Center, P.O. Box 1587, Jeffersonville, IN 47131. Please allow 5-7 business days for your documents to be received and an additional 5 business days for documents to be processed.

### Q14: How will I know if my information has been accepted and my dependents are verified?

Once your documentation has been received by HMS, you may check the status of each of your dependents by using [www.AuditOS.com](http://www.AuditOS.com). In addition, you will receive a written communication indicating if you have completed the dependent verification process or if additional information is needed. Ultimately, it is your responsibility to ensure that your documents were successfully received.

**For further assistance you may visit the website for this program, [www.AuditOS.com](http://www.AuditOS.com). HMS Employer Solutions Customer Care Representatives are available toll-free at (xxx) xxx-xxxx Monday through Friday 6 am – 10 pm Mountain Time.**