



**Q: I missed the deadline to submit my documentation. What do I do?**

A: Documentation is needed for all dependents who didn't respond to the first notice. The verification requirements state that you must respond by the deadline. If you don't

**Q: Why is a government...**

A: There are 2 parts to verifying a legal spouse:

1. The marriage certificate verifies the start of the relationship.
2. The tax return or affidavit of cohabitation proves that the relationship still exists.

**Q: My dependent has been covered on my health plan for years. Why do I need to submit documentation now?**

A: eligible dependents.

**Q: Why isn't the short-form birth certificate acceptable to verify my dependent?**

A: The birth certificate is used to establish the parent/child relationship. The long-form birth certificate is required because it includes the parents' names. This information verifies that they are the biological parents of the dependent.

**Q: My employer conducted dependent verification within the past several years. Why is verification being conducted so soon?**

A: Other employers have discovered that a high number of non-eligible dependents enroll in their group health plans, which leads to higher costs for all enrollees. The verification helps ensure that only eligible dependents are enrolled.

**Q: How long will it take to get a government issued birth or marriage certificate (a vital record)?**

A: If you request a birth or marriage certificate, you will receive it within 6-8 weeks.

## Q: My vital

A: If you have questions, choose the Contact Us link at the bottom of any page on this site.

## Q: Whom

A: If you have questions, choose the Contact Us link at the bottom of any page on this site.

## Appeals

### Q: Where can I find information on appeals?

A: You can find this information by choosing the "Contact Us" link at the bottom of any page on this site.

### Q: How do I submit an appeal?

A: If your dependents weren't verified by us, you can submit an appeal on this site. Just choose the Appeal button from the message on the Home page and follow the steps.

### Q: Will my confidential information be kept secure?

A: Strict security measures are in place to ensure the integrity of your personally identifiable

information. For more information, see our Privacy Policy.

### Q: How can I check the status of my appeal?

A: You can check the status of your appeal on the Home page of this site.

### Q: What documentation do I need to submit?

A: We will list what information is still needed and give a deadline for submitting it.

**Tip:** The Eligibility Documents

### Q: What happens if I don't submit my documentation by the deadline?

A: If your documentation isn't submitted by the deadline, your appeal might be denied.

**Q: When will I know if my appeal is approved?**

A: You'll be notified about the decision after your documentation is reviewed against the plan requirements. A decision will be made no later than 30 calendar days after your request is received. You can check the status of your appeal on the Home page of this site.

**Q: If I chose paperless, how do I get a confirmation?**

A: If you chose paperless, electronic delivery, you could receive a confirmation on this site. (Some information still might be sent by postal mail to your address on file.) If you receive a confirmation on the site, you can access it from the [My Account](#) page.

If you didn't choose paperless delivery, a confirmation will be mailed to your address on file.

**Q: Why was my appeal denied? What can I do now?**

A: Your denial letter will include information about your appeal. If your denial letter includes information that your appeal was denied, the denial letter you received included directions to file a level 2 appeal. Send your appeal to the address listed in that letter.

**Q: How do I find out what my member ID number is?**

A: Yes. The [Service Center Name] can provide you with this information.

**Q: Will all my dependents be covered again?**

A: Reinstatement isn't guaranteed and will be determined on a case-by-case basis.

**Q: How do I get my appeal decision?**

A: You will receive a decision letter in the mail or on the website.

**Q: I had medical expenses while my coverage was inactive. What do I do?**

A: You or your health care provider can submit the charges to us within 90 days of the date of service.