Month Day, Year

RE: Further action needed

Dear First Name Last Name (Employee Id - 00000000):

Thank you for submitting documents to verify eligibility of your dependent(s) enrolled in The University of Chicago’s medical, dental, vision, life and/or tuition plans. Unfortunately, we are unable to complete verification due to the following reasons:

<table>
<thead>
<tr>
<th>DEPENDENT NAME</th>
<th>REASON FOR INCOMPLETE DOCUMENTATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>First Name Last Name</td>
<td>For Testing Purposes</td>
</tr>
</tbody>
</table>

It is important for you to verify the eligibility of all of your covered dependents and submit the appropriate documents online, postmark or fax them by May 24, 2019. If you fail to complete the verification process for a dependent, or if you identify a dependent as ineligible, the dependent will be removed from The University of Chicago’s medical, dental, vision, life and/or tuition coverage on June 30, 2019.

Important Enclosures:

- **Dependent Verification Return Cover Sheet** — This includes important information that helps us match the documents with your record. Include this cover sheet when you fax or mail documents.

- **Definition of Dependent Eligibility** — This document provides information on who can be enrolled in The University of Chicago’s medical, dental, vision, life and/or tuition benefits.

- **Definition of Acceptable Documentation** — This document lists the acceptable primary and secondary documents to verify eligibility for each dependent type.

(over)
How to Complete the Dependent Eligibility Verification Process

You can complete the verification process online at https://review.ehr.com/drs_UChicago, or by mailing or faxing the documents. Follow these steps:

1. Review the Certification of Dependent Eligibility Form, which lists the dependent(s) you currently have enrolled for medical, dental, vision, life and/or tuition benefits. You must provide documentation for each eligible dependent. Please refer to the Verification Packet sent to you.

2. Review the Frequently Asked Questions. Please refer to the Verification Packet or you may go online at https://review.ehr.com/drs_UChicago

3. Read the Definition of Dependent Eligibility and make sure you understand the eligibility requirements.

4. Review the Acceptable Documentation list to determine which documents are required to verify each dependent.

5. If you still have questions, call the Willis Towers Watson Dependent Verification Center at 1-855-376-7203 between 9 a.m. and 6 p.m. (CST), Monday through Friday.

6. Confirm the eligibility status of your covered dependent(s) in one of the following three ways. You may send in your documentation as you obtain it, but we encourage you to send it in all at once.

<table>
<thead>
<tr>
<th>Online</th>
<th>By Mail</th>
<th>By Fax</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Log on to the secure The University of Chicago Dependent Eligibility Review site at <a href="https://review.ehr.com/drs_UC_hicago">https://review.ehr.com/drs_UC_hicago</a> and click the “Verify Dependents” link on the homepage.</td>
<td>• Make copies of required documents.</td>
<td>• Make copies of required documents.</td>
</tr>
<tr>
<td>• Identify your dependent(s) as “Eligible” or “Ineligible” by selecting the appropriate button(s).</td>
<td>• Return copies of your documents by mail to P.O. Box 419127, Rancho Cordova, CA 96741 by May 24, 2019.</td>
<td>• Return copies of your documents to the Willis Towers Watson Dependent Verification Center at 1-855-880-7412.</td>
</tr>
<tr>
<td>• Follow the instructions to upload electronic documents for each eligible dependent. After your documents are uploaded, you can return to this website at any time to confirm delivery and track your dependent(s) verification status.</td>
<td>• You can visit <a href="https://review.ehr.com/drs_U_Chaicago">https://review.ehr.com/drs_U_Chaicago</a> to track your dependent(s) verification status. Information is generally posted within 5 to 7 business days of receipt.</td>
<td>• You can visit <a href="https://review.ehr.com/drs_U_Chaicago">https://review.ehr.com/drs_U_Chaicago</a> 5 to 7 business days after your fax is sent to track your dependent(s) verification status.</td>
</tr>
</tbody>
</table>

After you submit acceptable documents, a statement confirming your dependent(s)’ eligibility will be mailed to you within 7 to 10 business days of processing all of your dependents. You will be notified if additional information is required.

We appreciate your cooperation with the dependent eligibility verification process. If you have any questions, please call the Willis Towers Watson Dependent Verification Center at 1-855-376-7203 between 9 a.m. and 6 p.m. (CST) Monday through Friday.

Sincerely,
Willis Towers Watson Dependent Verification Center

*DRS-drs_UChicago-00000-0*
Certification of Dependent Eligibility Form  
*Instructions for Mailing or Faxing Documentation*

To continue The University of Chicago’s medical, dental, vision, life and/or tuition benefits for your dependent(s), you must provide appropriate documentation to verify dependent eligibility for coverage. Documentation must be submitted online, postmarked or faxed by May 24, 2019.

To mail or fax copies of appropriate documents, please complete the form on the back of this page and follow these steps:

1. **Verify each dependent’s eligibility.** The individuals shown on the other side of this form are currently enrolled as your dependent(s) under The University of Chicago medical, dental, vision, life and/or tuition benefits. Review the enclosed *Definition of Dependent Eligibility* and mark whether each individual is “Eligible” or “Ineligible”.

2. **Make a copy of dependent eligibility documentation.** For each covered dependent, provide proof of eligibility by submitting a copy of acceptable documents. Please refer to the enclosed list of *Acceptable Documentation* for each dependent type. Review the information carefully because more than one piece of documentation may be required. Do not send original documents because they cannot be returned. See the enclosed *Frequently Asked Questions* for tips on how to obtain copies of records.

3. **Complete, sign and return this form with the required documentation.** Check the appropriate box (on the other side of this form) to indicate that you’ve enclosed a copy of the required documentation for each of your eligible dependents. Sign, date and return the form along with your dependent eligibility verification documentation.

### By Mail

Postmark the enclosed postage-paid envelope by May 24, 2019 to P.O. Box 419127, Rancho Cordova, CA 96741.

### By Secure Fax

1-855-880-7412 by May 24, 2019

**IMPORTANT NOTE:** The purpose of this form is to verify those dependents who meet the definition of dependent eligibility, based on the enclosed Definition of Acceptable Documents, and/or remove individuals who are no longer eligible for The University of Chicago’s benefits. This process does not allow you to add or remove eligible dependents from any of The University of Chicago’s benefits. If the relationship or date of birth of any individual listed on the other side of this form is incorrect (e.g., a child is listed as a spouse), please contact the Willis Towers Watson Dependent Verification Center at 1-855-376-7203 between 9 a.m. and 6 p.m. (CST), Monday through Friday.
**Name:** First Name Last Name  
**Employee ID:** 00000000

**Individuals Enrolled as Your Dependents for medical, dental, vision, life and/or tuition Benefits**

<table>
<thead>
<tr>
<th>NAME</th>
<th>RELATIONSHIP</th>
<th>DATE OF BIRTH</th>
<th>ELIGIBLE</th>
<th>INELIGIBLE</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>First Name Last Name</td>
<td>Spouse</td>
<td>00/00/0000</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>First Name Last Name</td>
<td>Child</td>
<td>00/00/0000</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>First Name Last Name</td>
<td>Child</td>
<td>00/00/0000</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

According to our records, the individual(s) shown in the table above are currently enrolled as your dependent(s) under The University of Chicago’s benefits. Based on the enclosed *Definition of Dependent Eligibility*, please:

- check whether each individual is “Eligible” or “Ineligible” in the boxes above and
- submit the required verification documents for those who are eligible

**I understand that by signing below I am confirming that any dependents listed as eligible above meet the eligibility requirements defined in the enclosed *Definition of Dependent Eligibility* and are eligible to receive benefits as my dependents.**

<table>
<thead>
<tr>
<th>Employee Signature</th>
<th>Date</th>
</tr>
</thead>
</table>

If you submit your documentation online, you may confirm delivery and track verification by logging on to [https://review.ehr.com/drs_UChicago](https://review.ehr.com/drs_UChicago).

If you send copies via U.S. mail or fax, you may check the status online within 5 to 7 business days. A confirmation statement will be mailed to your home within 7 to 10 business days of processing all of your dependents or you will be notified if additional documentation is required.
## Dependent Verification Return Cover Sheet

**PLEASE RETURN THIS PAGE WITH MAIL OR FAX**

<table>
<thead>
<tr>
<th>To: Willis Towers Watson Dependent Verification Center</th>
<th>From: First Name Last Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fax: 1-855-880-7412</td>
<td>Pages:</td>
</tr>
<tr>
<td>Phone: 1-855-376-7203</td>
<td>Date:</td>
</tr>
<tr>
<td>ID#: 00000000</td>
<td>Company: The University of Chicago</td>
</tr>
</tbody>
</table>

**Comments:**

To ensure all documents are legible, make a black and white copy and enlarge the document as much as possible. You may also change the settings on your fax machine to “Fine” or “Highest Quality” resolution. If the copy is still not legible, it will be necessary to upload your documents securely online at [https://review.ehr.com/drs_UChicago](https://review.ehr.com/drs_UChicago) or send a legible copy via mail, including this bar-coded cover sheet.

**To protect your privacy, please redact (i.e., Black out) all financial information and Social Security numbers on submitted documents.**

Please return this completed form with documentation. It includes important information that helps us match the documents with your record and will speed up the process for you.
## Definition of Dependent Eligibility

<table>
<thead>
<tr>
<th>TYPE OF DEPENDENT</th>
<th>DEFINITION OF DEPENDENT ELIGIBILITY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Spouse</td>
<td>Legally married spouse (as defined by federal law)</td>
</tr>
</tbody>
</table>
| Domestic Partner  | A domestic partnership registered with the University of Chicago on or before December 31, 2016 defined as:  
|                   |   - Two individuals of the same sex who live together in a long-term relationship of indefinite duration; and  
|                   |   - Neither person is married to anyone else  
|                   |   - Both persons are mentally competent and of legal age to consent  
|                   |   - The two individuals are not blood related or close enough to prohibit legal marriage; and  
|                   |   - Both persons have an exclusive mutual commitment in which they agree to be jointly responsible for each other’s common welfare and share financial obligations. |
| Civil Union Spouse| As defined by the state where Civil Union status is established |
| Eligible Child    | An eligible child is a child who is your:  
|                   |   - Natural child  
|                   |   - Stepchild  
|                   |   - Legally adopted child, including a child placed for adoption with you  
|                   |   - Child for whom you are required to provide coverage under a Qualified Medical Child Support Order (QMCSO)  
|                   |   - Child of any age who became incapable of self-sustaining employment due to disability prior to age 26, and who were covered under the applicable Benefit Program on their 26th birthday.  
|                   |   - Child of your same-sex domestic partner or civil union partner. |
### Definition of Acceptable Documents

<table>
<thead>
<tr>
<th>TYPE OF DEPENDENT</th>
<th>ACCEPTABLE DOCUMENTATION (COPIES ONLY NO ORIGINALS) TO SUBMIT</th>
<th>AND</th>
<th>Any one of the following:</th>
</tr>
</thead>
</table>
| Spouse or Civil Union Spouse | One of the following:  
- Marriage Certificate  
- Civil Union Certificate | AND | Driver’s licenses or other state issued identification of employee and spouse/civil union spouse with matching addresses  
- Page 1 of federal or state tax return (1040, 4506, 4506-T, S879 or M8453) from one of the prior two years, listing spouse/civil union spouse.  
- Immigration papers (if marital status is listed) |
| Domestic Partner | Any three of the following:  
- Joint mortgage or lease  
- Designation of domestic partner as beneficiary for life insurance & retirement contract  
- Designation of domestic partner as beneficiary in employee’s Legal Will  
- Durable property and health care power of attorney  
- Joint ownership of motor vehicle, joint checking account, or joint credit account |
| Child  
- Biological | One of the following:  
- Birth certificate (copy of original)  
- Paternity/maternity test (notarized)  
- Court-approved child support order | | |
| Child  
- Adopted | One of the following:  
- Reissued birth certificate (listing adoptive parent names)  
- Adoption papers  
- Court-approved child support order | | |
| Child  
- Stepchild | One of the following:  
- Birth certificate (copy of original)  
- Reissued birth certificate (listing adoptive parent names)  
- Paternity/maternity test (notarized)  
- Adoption papers  
- Court-approved child support order | AND | One of the following:  
- Marriage certificate of parents  
- Civil Union certificates of parents |
| Child  
- Child of Domestic Partner | One of the following:  
- Birth certificate (copy of original)  
- Paternity/maternity test (notarized)  
- Court-approved child support order | AND | Any three of the following:  
- Joint mortgage or lease  
- Designation of domestic partner as beneficiary for life insurance & retirement contract  
- Designation of domestic partner as beneficiary in employee’s Legal Will  
- Durable property and health care power of attorney  
- Joint ownership of motor vehicle, joint checking account, or joint credit account |

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*To protect your privacy, black out Social Security numbers and all financial information or monetary amounts appearing on any documents submitted.*  
*A birth certificate includes the name of at least one parent covered under The University of Chicago’s medical, dental, vision or life plans or eligible for tuition benefits.*

*In the event of a conflict between what is stated in this document and the governing plan document(s), the plan document(s) will control.*