



THE UNIVERSITY OF CHICAGO

Month Day, Year

RE: Confirmation of Audit Results

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

As part of The University of Chicago's dependent eligibility verification process, Willis Towers Watson, The University of Chicago's dependent verification partner, requested documentation to verify the eligibility of the dependent(s) you currently cover under The University of Chicago's medical, dental, vision, life and/or tuition plans.

The purpose of this letter is to inform you that, based on the documentation you submitted, benefit eligibility for the dependent(s) you currently cover is indicated below:

NAME	RELATIONSHIP	ELIGIBILITY STATUS
First Name Last Name	Spouse	Ineligible
First Name Last Name	Child	Ineligible

Dependents listed above as "ineligible" will be removed from specified benefit plan(s) (medical, dental, vision, life and/or tuition) effective **June 30, 2019**.

We appreciate your cooperation in this review process. If you have any questions, please call the Benefits Office at (773)702-9634. Benefits Specialist are available between 8:30 a.m. and 4:30 p.m., Monday through Friday.

Sincerely,
Willis Towers Watson Dependent Verification Center