County of Orange Benefits Center
PO Box 199712
Dallas, TX 75219-9768

Dependent Verification Form

Name
Address
City, State Zip

County of Orange Benefits Center
Web: www.benefitsweb.com/countyoforange.html
Benefits Resource Line: 1-866-325-2345

Why Am I Getting This?
The County of Orange Benefits Center requires written documentation that dependents being covered by the County health plans and/or Management and Attorney Dental Plan meet the dependent eligibility requirements of the plan. Dependent eligibility requirements are different for the health and dental plans. The required documentation to be provided for each plan is listed on the enclosed *Eligibility Definitions and Required Documentation.*

What Do I Need To Do?
Complete, sign, and return this form along with documentation of dependent eligibility. You have **30 days** from the date of the event that made you or your dependent eligible for coverage (hire date, date of birth, marriage) **to enroll a newly eligible dependent** and **60 days** from the date of the event to return the documents**.**. Avoid termination of coverage by sending the required documentation well in advance of the due date to allow for mailing and processing time.

If you fail to return the *Dependent Verification Form* and the required documentation of your dependent's eligibility, **coverage for your dependent(s) will be terminated at the end of the month** in which the 60 day period ends. You will be responsible for any medical expenses incurred after coverage ends. If your dependent's coverage is terminated for failure to provide the required documentation, you will not be permitted to enroll your dependent(s) again until the next Open Enrollment period unless you have a new qualified life event as defined by IRS regulations.

If you are adding a new dependent, please complete, sign and return the *Dependent Verification Form* and required documentation listed on the enclosed *Eligibility Definitions and Required Documentation* to show that your dependent is eligible for health and/or dental plan coverage. You will receive your health plan identification cards directly from the health plan once your dependent is enrolled, however **if you fail to return the completed and signed form with the requested documentation, coverage for the dependent will be terminated even if you have already received your card.** If termination of your dependent's coverage results in a change in coverage level, your coverage level and contributions, if applicable, will be automatically updated.

What's Next?
Once your documents are received and reviewed, if approved, you will receive an acceptance letter. If your documentation is reviewed and denied, you will receive a denial letter, which will be followed by a *Benefits Confirmation Statement*. If you fail to provide the required documentation, coverage for your dependent will be terminated and you will receive an updated *Benefits Confirmation Statement*. At any time you may verify the receipt and review status of your dependent documentation by visiting www.benefitsweb.com/countyoforange.html and selecting **My Benefits > Verify My Dependents.**.

(Important: Complete and sign page 2 and then return this entire document to the Benefits Center)

Dependent Name	Relationship	Type of Documentation Enclosed

You must return this form and your supporting documentation within 60 days from the date of the event which made you and/or your dependent(s) eligible for coverage (hire date, retirement date, marriage, etc.).

If you have inadvertently added a dependent that does not meet the eligibility definition for a dependent, please contact the Benefits Resource Line toll-free at 1-866-325-2345 and notify them your dependent is ineligible. This will avoid unnecessary non-refundable payroll deductions for dependents who are not eligible and whose coverage will be terminated. Otherwise, please send the required documentation to:

Regular Mail
County of Orange Benefits Center
PO Box 199712
Dallas, TX 75219-9768

Fax Number
1-973-837-3330
(Be sure to keep a copy of your fax confirmation page!)

Certification

By enrolling your dependent in a County of Orange benefit plan, you are certifying that the information supplied by you above is true and correct and that your dependent meets these definitions. You acknowledge that you must notify the Benefits Center within 30 calendar days of any event that causes your covered dependent to no longer meet eligibility requirements such as divorce. Failure to report loss of eligibility within 30 calendar days of the event may result in losing any rights to continued coverage under COBRA. You may also be responsible for repayment of the County's portion of rates paid retroactive to the date of ineligibility as well as the cost of medical services provided by your plan to the ineligible dependent(s). In addition, there will be no refund of dependent rate contributions taken during the period of ineligibility.

Participant Signature | Date

Print Full Name

Participant Work Phone Number | Participant Home Phone Number