

DEPENDENT VERIFICATION SERVICES
P.O. BOX 1415
LINCOLNSHIRE, IL 60069-1415

Return Service Requested

SALLY TEST
123 MAIN AVENUE
ANYTOWN, AL 22220

Your Action Needed

Documentation must be received by
May 15, 2021



TIME SENSITIVE MATERIALS ENCLOSED

You were recently sent a similar notice asking that you provide documentation to verify the eligibility of your dependent(s). This is an updated version of that notice providing clarification on what is being requested of you to provide in order to verify that your dependent is eligible for Trust coverage.

The UAW Retiree Medical Benefits Trust (the "Trust") is legally obligated to use its assets to provide health care coverage only for the benefit of eligible UAW retirees and their families.

In order to validate all dependents, including spouses, are eligible for coverage, periodic audits are performed to confirm the Trust's Dependent Eligibility Rules are being met. This ensures that Trust funds are being used correctly and that the Trust is not paying benefits to people who are not entitled to them.

We are working with a company called Dependent Verification Services (DVS) to assist us in this process and are requesting your help to confirm any dependent listed below is eligible for Trust coverage. In order to do this, we need you to send in copies of the required documents for each dependent by **May 15, 2021**. Please note that any documents provided cannot be returned.

Your dependent may lose coverage if we do not receive your documentation by the deadline.

Here are the dependent(s) that need to be verified:

Name	Status	Due Date
John Test	Not verified	May 15, 2021
.....		
Jimmy Test	Not verified	May 15, 2021
.....		



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What you need to do

Please send copies of the Required Documents listed next to each Dependent Type below by May 15, 2021. If you have questions or need any assistance, do not hesitate to contact DVS by your preferred method outlined in the More Information section on the next page of this notice.



<p>Spouse</p> <ul style="list-style-type: none"> A spouse is defined as a same-sex or opposite-sex individual who is married to a Retiree with a valid marriage certificate. <p>Same Sex Domestic Partner</p> <ul style="list-style-type: none"> A same sex domestic partner is defined as the retiree’s sole partner in a long-term committed relationship, financially dependent and not legally married to anyone. 	<p>Required Documents</p> <ul style="list-style-type: none"> A copy of the first page of your most recent Federal tax return listing your spouse.* You may black out any financial information or the first 5 digits of any social security numbers. A copy of the Same Sex Domestic Partner Attestation Form (not required if legally married).
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*As an alternate option: If you are unable to provide a recent tax return you can send one of the joint financial documents listed below that has the names of both you and your spouse listed. You may black out any financial information.

- Mortgage statement
- Bank statement (bank account verification letter showing active status)
- Active lease agreement
- Homeowners/Renters Insurance
- Credit card statement (includes: dept. stores; and care credit)
- Property tax
- Current year state tax return listing spouse/partner
- Current year mortgage interest/mortgage insurance
- Warranty deed
- Auto loans



<p>Biological Child, Step Child or Adopted Child</p> <p>A dependent child is eligible if these 5 requirements are met:</p> <ol style="list-style-type: none"> 1. Relationship-Must be related by blood, adoption or marriage; 2. Age-Must be under 26 years old; 3. Marital Status-Must not be married; 4. Residency-Must live with the retiree; 5. Dependency-The retiree must be eligible to claim the dependent. 	<p>Required Documents</p> <ul style="list-style-type: none"> A copy of the first page of your most recent Federal tax return listing dependents claimed. You may black out any financial information or the first 5 digits of any social security numbers; AND A copy of your dependent's Birth Certificate or adoption papers listing the retiree or current spouse as the parent; AND A copy of current Proof of Residency for children over 5 years old, showing your dependent lives with you. <ul style="list-style-type: none"> ➢ Proof of residency examples: driver’s license, state ID, child’s report card or letter from the school with current address
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Submit the required documentation by using one of the methods below.

1. **Upload** documents to the Dependent Verification Portal by using your computer or smartphone.

Expect a determination within 14 days.

Log on to the Dependent Verification Portal website at <https://digital.alight.com/rhcc> and click or tap on "Verify My Dependent Eligibility" alert.

2. **Secure Fax** to 1-877-965-9555. Please be sure to include the fax cover page included at the end of this notice for tracking purposes.

Expect a determination within 14 days. A notification of your status will be sent by US mail or you can check the status online by creating an account or log on the Dependent Verification Portal explained above.

3. **US Mail** to:

Dependent Verification Center
P.O. Box 1401
Lincolnshire, IL 60069-1401

Be sure to Include the fax cover page at the end of this notice with your documentation for tracking purposes. You can expect a determination in the mail within 30 days. You can also check the status online by creating an account on the Dependent Verification Portal explained above.

All notifications of your status will be sent by US mail.

FOR MORE INFORMATION

If you have questions or require any assistance in providing the necessary documentation, please contact Dependent Verification Services.

Online

There is an option to send a secure email through the portal at <https://digital.alight.com/rhcc> then go to 'Contact Us'.

OR

By Phone

You can simply call the Dependent Verification Customer Care Center at 1-866-637-7555. They will be happy to assist you. Representatives are available Monday through Friday from 8 a.m. to 11 p.m. eastern time.

Dependent Verification Services also provides an online portal option where you can check your eligibility status after your documents are submitted.

Your assistance and prompt attention are greatly appreciated. Thank you for your cooperation.

UAW Retiree Medical Benefits Trust



UAW Trust Same Sex Domestic Partner Attestation

I, _____, hereby state that
(participant first name) (participant last name)

_____ and I are:
(domestic partner first name) (domestic partner last name)

- The same gender;
- In a continuous relationship that has lasted for at least six (6) months;
- Intending to have a continuous relationship indefinitely;
- Not in a relationship with anyone else, including being married to a third party;
- Jointly responsible for each other's welfare and financial obligations;
- Residing in the same household;
- Not related by blood to a degree of kinship that would prevent marriage from being recognized under the laws of our state of residence;
- At least 18 years old and legally competent to enter into a contract.

I understand it is my responsibility to remove my partner by calling the Retiree Health Care Connect at **866-637-7555**, if we are no longer in a committed relationship.

I understand and agree to repay promptly all monies for claims or premiums for any ineligible person I enroll, and for services my dependents or I were not entitled to, as determined by the Trust.

I declare the above information to be true and accurate to the best of my knowledge.

Retiree's Signature: _____ Date: _____

If you and your partner are married, please check this box and return this form with a copy of your marriage certificate.

The estimated value of the employer's financial contribution towards health insurance coverage for non-dependent same-sex partners will be reported to you by the Trust annually.

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To speed up the processing of your information please make sure you include this form when you send documentation by fax or mail. Cover sheet is formatted for specified participant only. Inclusion of other participant documentation may result in a delay in processing. PLEASE ALLOW 14 DAYS UPON RECEIPT FOR DOCUMENT PROCESSING.

Fax

To: **Dependent Verification Services**

From: **Sally Test**

Fax: **(877) 965-9555**

Pages:

Phone:

Date:

Re: **13081842**

Company: **The UAW Retiree Medical Benefits Trust**



Please fax this sheet and accompanying documents to (877) 965-9555 (secure FAX line)

PLEASE NOTE: If you are mailing your documentation, please enclose this sheet with your documentation and mail to:

Dependent Verification Services
P.O. Box 1401
Lincolnshire, IL 60069-1401

Dependent List

<u>Name</u>	<u>Date of Birth</u>	<u>Relationship</u>
John Test	6/2/1975	Other
Jimmy Test	7/3/2018	Child

IMPORTANT: Deadline to verify dependent(s) listed above is 5/15/2021



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