



FREQUENTLY ASKED QUESTIONS

Dependent Eligibility Verification

GENERAL INFORMATION:

1. What is a Dependent Eligibility Verification?

A Dependent Eligibility Verification is a review of dependent coverage elected by employees to ensure dependents meet the Benefit Plan eligibility criteria offered by the District.

2. Who should I send my *Verification Form* and required documents to?

Mail to:	Secova Eastern Service Center	Phone:	1-866-364-2594 (toll-free)
	PO Box 7701	Fax:	1-866-585-6860 (toll-free)
	Brick, NJ 08723-9906	Website:	https://verify.secova.com/fhda

3. What happens if one or more of my enrolled dependents does not meet eligibility requirements as listed in the attached eligibility rules?

You must check the "No" box on the Verification Form for Dependent Eligibility and your ineligible dependent(s) will be terminated from District coverage effective June 30, 2010.

4. Will I receive a confirmation once my documentation is received?

Yes. Secova will mail a confirmation notice once your verification is complete. If your Verification Form for Dependent Eligibility and required documentation have been processed but Secova determines your documentation is incomplete, they will send you a notice with details of what information is incomplete.

5. What happens if I do not return the Verification Form for Dependent Eligibility and required documentation before the deadline?

Coverage for your spouse/dependent child(ren) under the District medical, dental, vision, and life insurance will be terminated effective June 30, 2010.

6. I already certified my dependent(s) as an-IRS qualified dependent(s) last year during annual open enrollment. Do I still need to complete and submit the Verification Form for Dependent Eligibility and required documents?

Yes.

7. What will Secova do with my documents? Will my personal information be safe with Secova?

Please do not submit original documents to Secova, only photocopies. When Secova receives your documentation, the paper documentation is converted to an electronic image, which will be stored on a secure system with password-protected access. After the audit is complete, all documents will be destroyed.

8. Who can answer my questions about the definition of an eligible dependent?

Please call Secova at **1-866-364-2594** (toll-free). Representatives are available Monday through Friday, 8:00 AM – 6:00PM PST. Your conversation is always confidential.

WHICH DEPENDENTS ARE ELIGIBLE FOR COVERAGE?

9. Who can I claim as my eligible dependent?

Please see the enclosed Definitions and Required Documents for details of who is eligible for coverage under the plan.

10. If I remove my spouse or one or more eligible dependents from my coverage, will my benefits coverage category automatically change?

If appropriate, your coverage category will be changed at the time your ineligible dependent(s) is dropped from District coverage. For example, if an eligible dependent is dropped from coverage and only the spouse remains, Employee + Family would change to Employee + One.

11. Do I need to provide verification for my dependent child who is a full-time student?

Yes. Full-time students must be under the age of 24, and considered a Qualifying Child by the Internal Revenue Service. Please refer to the Definition of Eligible Dependents document for details.

12. What about the new Health Care Reform? Do I still need to supply full-time student documentation for my dependent child?

Please be advised that the Health Care Reform provision must go through reconciliation before it can be implemented. Health Care Reform legislation is like most other mandates, in that most provisions become effective for the plan year beginning after a specified date. For FHDA, many of the first reform provisions will go into effect the beginning of plan year 2011/2012 or July 1, 2011.

13. The District plan allows me to cover a disabled child over the age of 19 who's not a full-time student. What proof of disability must I provide, if proof is requested?

You must claim your dependent child(ren) on your Federal Income Tax Return. Please submit a copy of your 2009 Federal Income Tax Return with financial information blacked out. The child had to be covered before becoming disabled or before the dependent was deemed disabled prior to the age of 19. On your hire date, you would have had to enroll him/her for benefits when you were eligible to do so.

WHICH DEPENDENTS ARE NOT ELIGIBLE FOR COVERAGE?

14. Which dependents are not eligible?

- Children who are married;
- Foster children;
- Dependents not listed on the enclosed *Definitions and Required Documents*;
- Parents or spouse's parents;
- Dependent children in the armed services on a full-time basis;
- Ex-spouses even if court ordered; and
- Live-in companions who are not legally married to the employee, with an exception to Same Gender Domestic Partners.

15. What happens to the coverage of individuals who do not meet the definition of an eligible dependent?

Dependents who are dropped from District coverage effective June 30, 2010:

- May be eligible for COBRA coverage due to a qualifying event (such as divorce, legal separation, or overage dependent).
- If eligible, you may request COBRA for an extension of 18 months by self-paying for the benefits.

The District reserves the right to request documentation proving prior eligibility status — such as a divorce agreement, or court order — from individuals who enroll in COBRA.

For information regarding COBRA, please access our web page: <http://hr.fhda.edu/benefits/>.

No. Once your child marries, he/she is no longer an eligible dependent and cannot be covered under District plans. He/she must be removed from your coverage. Your child may be eligible for COBRA coverage.

No. If your child is a District employee and is eligible for District group coverage, then he/she must enroll in his/her own coverage.

No. He/she would cease to be an eligible dependent upon the date of his/her entry into full-time active duty in the Uniformed Services. Please refer to the District Summary Plan Description (SPD) for details on eligibility for reenrollment upon discharge from the Uniformed Services.

No. Please send verification documents to Secova via fax or by using the postage paid envelope included in this packet. Secova will review and confirm verification of your spouse and/or dependents.

Yes, a printout of page one and the Certificate of Electronic Filing (known as e-File) submitted tax return showing your claimed dependent(s) is acceptable documentation.

Yes. We recommend that you use a black marker to *redact* personal financial data and Social Security Numbers (except the last four digits of your SSN) on the tax return before submitting it to Secova. Please note that it is a felony to falsify IRS tax forms in any way.

Form 1040 U.S. Individual Income Tax Return 2009 (99) IRS Use Only—Do not write or staple in this space.	Department of the Treasury—Internal Revenue Service																					
	Label For the year Jan. 1–Dec. 31, 2009, or other tax year beginning _____, 2009, ending _____, 20____ Your first name and last initial _____ Last name _____ Walter A. Brown If a joint return, spouse's first name and initial _____ Last name _____ Jane W. Brown Home address (number and street). If you have a P.O. box, see page 14 _____ Apt. no. _____ RR1 Box 25 City, town or post office, state, and ZIP code. If you have a foreign address, see page 14. Hometown, VA 22870																					
	OMB No. 1545-0074 Your social security number _____ 1 1 1 1 Spouse's social security number _____ 2 2 2 2 You must enter your SSN(s) above.																					
	Presidential Election Campaign <input type="checkbox"/> Check here if you, or your spouse if filing jointly, want \$3 to go to this fund (see page 14) <input type="checkbox"/> You <input type="checkbox"/> Spouse																					
Filing Status Check only one box. 1 <input type="checkbox"/> Single 2 <input checked="" type="checkbox"/> Married filing jointly (even if only one had income) 3 <input type="checkbox"/> Married filing separately. Enter spouse's SSN above and full name here. <input type="checkbox"/> Qualifying widow(er) with dependent child (see page 16)	4 <input type="checkbox"/> Head of household (with qualifying person). (See page 15) If the qualifying person is a child but not your dependent, enter this child's name here. <input type="checkbox"/> Qualifying widow(er) with dependent child (see page 16)																					
Exemptions 6a <input type="checkbox"/> Yourself. If anyone can claim you as a dependent, do not check box 6a b <input type="checkbox"/> Spouse c Dependents: <table border="1"> <thead> <tr> <th>(1) First name</th> <th>Last name</th> <th>(2) Dependent's social security number</th> <th>(3) Dependent's relationship to you</th> <th>(4) <input checked="" type="checkbox"/> If qualifying child for child tax credit (see page 17)</th> </tr> </thead> <tbody> <tr> <td>Michael</td> <td>Brown</td> <td>4 4 4 4</td> <td>Son</td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>Matthew</td> <td>Brown</td> <td>6 6 6 6</td> <td>Son</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Sarah</td> <td>Brown</td> <td>8 8 8 8</td> <td>Daughter</td> <td><input type="checkbox"/></td> </tr> </tbody> </table> d Total number of exemptions claimed _____	(1) First name	Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) <input checked="" type="checkbox"/> If qualifying child for child tax credit (see page 17)	Michael	Brown	4 4 4 4	Son	<input checked="" type="checkbox"/>	Matthew	Brown	6 6 6 6	Son	<input type="checkbox"/>	Sarah	Brown	8 8 8 8	Daughter	<input type="checkbox"/>	Boxes checked on 6a and 6b _____ 2 No. of children on 6c who: • lived with you _____ 3 • did not live with you due to divorce or separation (see page 18) _____ Dependents on 6c not entered above _____ Add numbers on lines above _____ 5	
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