



**FOOTHILL-DE ANZA
Community College District**

Office of Human Resources and Equal Opportunity

IMPORTANT: 2011 DEPENDENT ELIGIBILITY AUDIT (DEA) PROCESS

The District is committed to offering employees affordable and competitive benefits. To ensure that only eligible dependents are enrolled and to meet health plan contract obligations, the District must verify family member eligibility. Therefore, the District and the insurance carriers reserve the right to request documentation (tax records) to verify ALL spouses/CA Registered same-sex domestic partners, newly enrolled family members, including same-sex domestic partners' dependent children. Please do not submit any documentation unless HR/Benefits or your carrier requests it. The District contracts with **Secova**, on-line benefits carrier, to perform ongoing verification of enrolled dependents for all insurance carriers (UnitedHealthcare and Kaiser HMO Plan).

On or before August 29, 2011, employees who have enrolled dependents (spouses, registered same-sex domestic partners and selected dependent children) for Plan Year 2011/2012 will be requested to respond to an audit from Secova. **Spouses/CA Registered Same-Sex Domestic Partners, and Domestic Partners' dependent children must go through the DEA process annually.** Dependent children who have qualified for benefits in Plan Year 2010/2011 and experienced no gap of coverage at all in 2010-11 will not be subject to audit for PY 2011/2012. *Note, dependent children of any age up to 26 will be selected for audit only if they have not done so in PY 2010/2011.* The deadline to submit all required documentation and be in compliance is **September 23, 2011**. Please refer to the illustration provided below for the various scenarios:

PY 10/11

- Case #1) **EE + a child (up to age 24)**
• NO ACTION IS REQUIRED.
 • The child dependent in this case will be excluded from the DEA process for PY 11/12
- Case #2) **EE + Spouse**
 • Spouses are subject for audit annually
- Case #3) **EE + Spouse + Child(ren) up to age 24**
 • Only spouse will be subject for audit
- Case #4) **EE only**
 • Only spouse will be subject for audit
- Case #5) **EE + Daughter (Age 16)**
 • Only Spouse and Son are subject for audit as they are deemed newly enrolled members.
 Daughter is excluded from the audit as she qualified for benefits in PY 10/11
- Case #6) **EE + Same-Sex Domestic Partner (DP) + Child(ren)**
 • Both CA Registered Same-Sex DP and DP's dependent are subject for audit to determine imputed income.
 • CA Non-Registered Same-Sex DP are excluded from the DEA process. However, DP's dependent child(ren) must go through the DEA process to determine if the member is able to declare the DP's child(ren) as taxable dependent to avoid imputed income.

PY 11/12

- Maintain the SAME coverage**
- Maintain the SAME coverage**
- Maintain the SAME coverage**
- Add Spouse**
- Add Spouse and Son (age 25)**
- Maintain the SAME coverage**

YOU WILL BE REQUIRED TO SUBMIT:**

- (1a) a copy of your **2010 Federal Income Tax Return (form 1040)**. (*Please do not provide any supplemental tax records; only the first page and the signature page are required*); **OR**
- (1b) an **IRS e-File** (it is ok to accept without signature); However, you **must submit** one of the following:
 ➤ **Form 9325** (Acknowledgement and General Information for Taxpayers Who File Returns Electronically) **OR**
 ➤ **Form 8879** (IRS e-file Signature Authorization) **OR**
 ➤ **CPA or Professional Tax Preparer's Certification of Electronic Tax Filing** **OR**
 ➤ **Electronic receipt acknowledging eFile returns from any software tax program, i.e. Intuit** **OR**
- (1c) a copy of the birth certificate (for the dependent children only) issued by the county, not hospital certificate **OR**
- (1d) a copy of the State of CA Declaration of Domestic Partnership Certificate **or** marriage certificate for same gender spouse

(2) the signed and dated **Benefits Verification form** (provided by Secova).

The **Benefits Verification form** requires that you must certify that the provided information you are submitting to prove eligibility for your dependent(s) under the District's benefit plans is true, accurate, and complete. If you provide incorrect or incomplete information, or if you fail to update this information in accordance with eligibility guidelines, you may be subject to the following: reduced coverage levels, repayment of any claims or premiums paid by the District and disenrollment of your dependent(s).

TO REQUEST AN EXTENSION DUE TO LATE INCOME TAX FILING:

Employees must submit a copy of the **2010 Application for Automatic Extension of Time to File U.S. Individual Income Tax Return (Form 4868)** to Secova no later than the deadline of **September 23, 2011**. The extended deadline is **October 18, 2011**, which coincides with the IRS deadline for late income tax filing.

NON-COMPLIANCE:

***Failure to provide the required documentation (regular or extended) will disqualify the dependent for coverage effective October 1, 2011.** There will be no exceptions to the September 23rd deadline unless you are eligible for and submit documentation to be granted an extension due to late income tax filing (see instructions above). Additionally, non-compliant employees may be responsible for any employer-paid contributions to and benefits rendered by the plan for ineligible coverage.*

IMPORTANT: Employees who fail to meet the Plan Year 2011/2012 deadline of September 23rd may request a **One-Time Immunity** for reinstatement of dependent coverage with the District no later than October 31, 2011 provided that you must pay a **\$500.00 penalty fee** to the District for late compliance. **This penalty fee will be enforced through a payroll deduction on your first 2011-2012 paycheck.** If the One-Time Immunity is not requested by the employee, or previous immunity has been exercised, then reinstatement of dependent coverage will not be allowed until the next plan year (PY 2012/2013).

QUESTIONS:

If you have any questions, please contact Secova at:

Secova Eastern Service Center
Phone: 1-866-364-2594
Fax: 1-866-585-6860
Email: fhda.benefits@secova.com

****NOTE:** Please add your full name, the last 4 digits of your Social Security Number, immediately followed by the month, date and birth year on all correspondences to Secova. For example: (e.g. Jane Smith, SSN 123-45-6789 and DOB: 04/15/1965 = "Jane Smith, FHDA ID#678904151965") to the TOP RIGHT CORNER on all correspondence with Secova.

Please retain copies and evidence of your submittal (i.e. the "Successful Transmission" fax confirmation sheet, fax call log, or certified mail receipt/green card) for your records, and be prepared to surrender these documents (upon request) to verify timely compliance.

NOTE: PLEASE DO NOT SUBMIT ANY TAX DOCUMENTS TO SECOVA UNTIL YOU HAVE **RECEIVED, COMPLETED AND CERTIFIED** THE CUSTOMIZED **BENEFITS VERIFICATION FORM** PROVIDED BY SECOVA.

If you have not received this form by September 5th, please contact Secova directly to inquire about your form status, or you may download a generic form by accessing the District's Benefits Web site: <http://hr.fhda.edu/benefits/> on or after September 1, 2011, and customize the form with your enrolled dependents for the Plan Year 11/12.

*To ensure the highest protection of your privacy and to preserve your identity, please be advised that any individual's tax records received by the District will be shredded immediately upon receipt, and will **not** be forwarded to SECOVA for further processing. **It will be your responsibility to make sure that you have read the DEA materials thoroughly for action, follow directions for compliance and/or request an inquiry on your behalf with SECOVA before the deadline of September 23, 2011.** Written confirmation from SECOVA will follow all receipts for compliance, incompleteness or pending status due to late income tax filing, please allow up to 5 business days for a response. Finally, you may request an email confirmation from SECOVA after 48-72 hours from the time of pdf/email or fax submission.*