



**FOOTHILL-DE ANZA**  
**Community College District**  
Office of Human Resources and Equal Opportunity

**IMPORTANT: 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 enrolled family members**. Same sex domestic partners are not required to go through this verification process. 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).

By August 21, 2009, employees who have enrolled dependents (spouses and dependent children) for Plan Year 2009/2010 will be required to respond to an audit from Secova. The deadline for compliance is **September 18, 2009**.

You will be required to submit:

**(1a)** a copy of your **2008 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)** **IRS e-file** and **IRS form 8879 "IRS e-file Signature Authorization"** if a professional IRS Enrolled Agent or a CPA firm completed the tax filing for you, **or**

**(1b)** **IRS e-file** and a copy of **TurboTax's electronic receipt** must be provided if you are using TurboTax software and individually submitted your own e-file, **and**

**(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).

If you are divorced and are required to carry coverage for dependent(s), but cannot claim your dependent(s) per court order, please submit the **Court Order Statement** in lieu of the 1040 statement. The maximum age of coverage for these dependents is age 19 – meaning the end of the 18<sup>th</sup> year.

In compliance with the IRS regulation, the Plan is **no longer** accept the following documents: **2008 property tax records** or **rental agreement**, as proof of legal dependent status for spouses.

**TO REQUEST AN EXTENSION DUE TO LATE INCOME TAX FILING:** Employees must submit a copy of the **2008 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 18, 2009**. The extended deadline is **October 15, 2009**, which is also the IRS ultimate deadline for late income tax filing.

**Failure to provide the required documentation will disqualify the dependent for coverage effective October 1, 2009.** There will be no exceptions to the September 18, 2009 deadline unless you are filing an extension form 4868 with the IRS and notify Secova of the exception request. In addition, employees may be responsible for any employer contributions to and benefits paid by the plan for ineligible coverage.

**IMPORTANT:** Employees who failed to meet the deadline of September 18<sup>th</sup> may request a **One-Time Immunity** for reinstatement of dependent coverage with the District no later than October 31, 2009 for the benefits Plan Year 09/10 provided that you must pay a **\$500.00 penalty fee** to the District for late compliance. This penalty fee will be enforced through payroll deduction with the first month of pay for the new plan year. Otherwise, re-enrollment will not be allowed until the next plan year.

If you have any questions, please contact Secova at:

**Secova Western Service Center**  
**Phone: 1-866-208-3204**  
**Fax: 1-866-585-6860**  
**Email: [fhda.benefits@secova.com](mailto:fhda.benefits@secova.com)**

**Please note 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. Example: (e.g. Last four SSN#MMDDYYYY).** *Please keep the fax confirmation for the records or send it via certified mail.*

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