



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** to perform ongoing verification of enrolled dependents for all insurance carriers (UnitedHealthcare, Delta Dental and Vision Service Plan).

By May 10, 2008, employees who have enrolled dependents (spouses and dependent children) for Plan Year 2008/2009 will be required to respond to an audit from Secova. The deadline for compliance is June 6, 2008.

You will be required to submit (1) a copy of your **2007 Federal Income Tax Return (form 1040)**. **Please do not provide any supplemental tax records, only the first page and the signature page are required**, and (2) the signed and dated **Attestation Certification form** (provided by Secova).

The **Attestation Certification** 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 18th year.

In lieu of the tax form noted above, the Plan will accept the following documents as proof of legal dependent status for spouses: **2007 property tax records** that show co-ownership, or **current rental agreement** that clearly defines the relationship of the two individuals.

TO REQUEST AN EXTENSION DUE TO LATE INCOME TAX FILING: Employees must submit a copy of the **2007 Application for Automatic Extension of Time to File U.S. Individual Income Tax Return (Form 4868)** to Secova no later than the deadline of **June 6, 2008**. The extended deadline is **August 15, 2008**. (You may also request the **ultimate deadline of October 15, 2008** by notifying SECOVA no later than June 6, 2008).

Please be advise that if you requiring an extended deadline through October 15, 2008, COBRA extension beyond August 29, 2008 is not available.

Failure to provide the required documentation will disqualify the dependent for coverage effective June 30, 2008. Re-enrollment will not be allowed until the next plan year. There will be no exceptions to the June 6th 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.

If you have any questions, please contact Secova at:

**Secova Western Service Center
P. O. Box 5080
Costa Mesa, 92628**

**Phone: 1-866-208-3204
Fax: 1-866-585-6860
Email: fhda.benefits@secova.com**

*Please note your **name**, the **last 4 digits of your Social Security Number** on all correspondences to Secova. 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 ATTESTATION CERTIFICATION STATEMENT PROVIDED BY SECOVA.