



Office of Human Resources and Equal Opportunity
12345 El Monte Road, Los Altos Hills, CA 94022

IMPORTANT: ACTION REQUIRED FOR DEPENDENT COVERAGE

Dear Employee:

August 22, 2008

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. You are being contacted because you have a spouse/dependent child(ren) enrolled in District health benefits. In order to continue coverage for your dependent(s), you **must** provide the following to prove that your dependents are eligible according to the Plan eligibility requirements.

You must provide proof of eligibility for the person(s) listed on the enclosed Verification Form to Secova, no later than **September 22, 2008**. Failure to provide the necessary documentation will disqualify the dependent for coverage and re-enrollment will not be allowed until the next plan year. In addition, employees may be responsible for any employer contributions to and benefits paid by the plan for ineligible coverage.

Please complete the following steps to submit verification documentation for your dependent(s) currently enrolled in the District's health benefits program to ensure your enrolled dependent(s) remain covered under your benefits plan:

1. **REVIEW** the enclosed Dependent Eligibility Definitions and Required Documentation to confirm that your dependent(s) meets eligibility criteria and to identify what document(s) you are required to submit.
2. **SECURE** the appropriate documentation for each dependent and make copies.
3. **COMPLETE, SIGN AND DATE** the enclosed Verification Form.
4. **MAIL** the completed and signed Verification Form with copies of required eligibility documentation to Secova in the enclosed postage-paid envelope, or **fax your documents to Secova at 1-866-585-6860** no later than **September 22, 2008**. Please remember to write your **full name and FHDA Verification Number (Last 4 digits of your Social Security Number, followed by your date of birth: SSNNMMDDYYYY)** in the top right hand corner of each document copy. If you mail the form, please keep a copy for your records.

Upon completion of the verification process, you will receive confirmation on the verification status of your dependent(s) from Secova. If you have any questions during this process please **contact Secova at 1-866-364-2594 (Representatives are available M-F 8:00 AM- 6:00 PM PST)**, or you may send an email to fhda.benefits@secova.com.

If you do not sign and return the Verification Form and Required Documents to Secova by SEPTEMBER 22, 2008, your dependents will be removed from your coverage effective SEPTEMBER 30, 2008.

Your cooperation during this process allows us to maintain the integrity of our benefit programs and continue to provide cost-effective coverage for our employees. Thank you for your time and responsiveness to ensure your District health benefits coverage continues for your dependent(s).

Sincerely,

Christine P. Vo

Christine Vo
Benefits Manager

Foothill-De Anza 2008 Dependent Eligibility

Definitions and Required Documentation

Spouse	<ul style="list-style-type: none"> • Page 1 and signature page of 2007 Federal Tax Return (1040, 1040A, 1040EZ) or 4868 Request for Extension with financial information blacked out; <u>OR</u> <ul style="list-style-type: none"> • Page 1 and Certificate of Electronic Filing of 2007 Federal Tax Return (1040, 1040A) with financial information blacked out; <u>OR</u> <ul style="list-style-type: none"> • 2007 Property Tax Records that show co-ownership or current rental agreement that clearly defines the relationship of the two individuals
<ul style="list-style-type: none"> • Unmarried, dependent sons or daughters up to the age of 19 • Unmarried, dependent sons or daughters between the ages of 19 and 24 if a full-time student as defined by the Internal Revenue Service • Disabled, unmarried, dependent sons or daughters incapable of self-support due to mental or physical disability age 19 or older if they are enrolled in medical benefits before they reach age 19 	
Unmarried dependent child(ren) up to the age of 19	<p>A) Page 1 and signature of 2007 Federal Income Tax Return (1040, 1040A) or 4868 Application for Automatic Extension with financial information blacked out;</p> <p><u>OR</u></p> <p>B) Page 1 and Certificate of Electronic Filing of 2007 Federal Tax Return (1040, 1040A) with financial information blacked out;</p> <p><u>OR</u></p> <p>If you are divorced and required to carry coverage for dependent(s), but cannot claim your dependent(s) on your Federal Income Tax Return, please submit;</p> <p>C) A copy of the Court Order - coverage ends when dependent child(ren) reaches 19 years of age; or</p> <p>D) A copy of the National Medical Support Order - coverage ends when dependent child(ren) reaches 24 years of age.</p>
Unmarried, dependent sons or daughters between the ages of 19 and 24 if a full-time student as defined by the Internal Revenue Service	<p>A) Page 1 and signature of 2007 Federal Income Tax Return (1040, 1040A) or 4868 Application for Automatic Extension with financial information blacked out;</p> <p><u>OR</u></p> <p>B) Page 1 and Certificate of Electronic Filing of 2007 Federal Tax Return (1040, 1040A) with financial information blacked out;</p> <p><u>OR</u></p> <p>If you are divorced and required to carry coverage for dependent(s), but cannot claim your dependent(s) on your Federal Income Tax Return, please submit;</p> <p>C) A copy of the National Medical Support Order - coverage ends when dependent child(ren) reaches 24 years of age.</p>
Disabled Dependent(s) who becomes disabled before the end of the month in which they turn 19 years of age (or age 24 if a full-time student) subject to verification by the claims administrator	<p>A) Page 1 of 2007 Federal Income Tax Return (1040, or 1040A) with financial information blacked out;</p> <p><u>OR</u></p> <p>B) Page 1 and Certificate of Electronic Filing of 2007 Federal Tax Return (1040, 1040A) with financial information blacked out;</p> <p><u>OR</u></p> <p>C) Notice of Disability Determination from the Social Security Administration</p> <p><u>OR</u></p> <p>If you are divorced and required to carry coverage for dependent(s), but cannot claim your dependent(s) on your Federal Income Tax Return, please submit;</p> <p>D) A copy of the National Medical Support Order</p>

TO REQUEST AN EXTENSION DUE TO LATE INCOME TAX FILING:

Employees who delay filing income taxes 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 **September 22, 2008** to request an extension. The extended deadline is October 15, 2008. If you required the full extension through October 15, 2008, you must inform SECOVA prior to the deadline of September 22, 2008.

Failure to provide the required documentation by the deadline will disqualify the dependent for coverage effective September 30, 2008.



FREQUENTLY ASKED QUESTIONS Dependent Verification

1. What happens if one or more of my enrolled dependents doesn't meet eligibility requirements as listed in the attached eligibility rules?

You must check the "no" box on the Verification Form and your ineligible dependents will be dropped from District coverage effective September 30, 2008.

2. What happens to the coverage of individuals who don't meet the definition of an eligible dependent?

Dependents who are dropped from District coverage effective September 30, 2008:

- May be eligible for COBRA coverage due to a past qualified event (such as divorce, legal separation, or overage dependent).
- You may request COBRA for an extension of 18 months by self-pay 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

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

If you've read the definition of eligible dependents and still have questions, contact Secova at 1-866-364-2594, (Representatives are available, M-F 8:00 AM- 6:00 PM PST), or send an email to fhda.benefits@secova.com.

4. Should I provide the supporting documentation for my dependents to Human Resources?

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 spouse/dependents.

Mail: Secova Western Service Center P.O. Box 5080 Costa Mesa, CA 92628	Phone: 1-866-364-2594 Fax: 1-866-585-6860 Email: fhda.benefits@secova.com
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5. Can I blackout personal financial data on my tax return before submitting it as a verification document?

Yes, you may black out personal financial data and the first 5 digits of your SSN on the federal income tax return before submitting it to Secova. **Please note that it is a felony to falsify IRS tax forms in any way.**

6. Can electronically submitted tax returns (such as Turbo Tax) be submitted as verification documentation?

Yes, a printout of page one of your electronically submitted tax return showing your claimed dependent(s) is acceptable documentation.

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. 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.

9. 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 and required documents?

Yes.

10. 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, considered a Qualifying Child by the Internal Revenue Service and must be claimed as a tax dependent on your Federal Income Tax Return.

11. 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 2007 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.

12. What happens if I don't return the Verification Form 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 September 30, 2008.

13. 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 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.