



HMS
PO Box 165308
Irving, TX 75016-9923



DATE

Emp_Name
Street
Street2
City, St Zip



PC or Mobile Upload: <http://www.AuditOS.com>



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EID

REFERENCE NUMBER: EID

RESPOND BY: <<due date>>

Dear Emp_Name,

The University of Maine System has asked the independent firm, HMS Employer Solutions (HMS), to verify that dependents enrolled in the University of Maine System health plans meet the eligibility guidelines. In order for your dependent(s) to continue to receive benefits under University of Maine System's health plans, **action is required by you to submit proof of their eligibility by <<due date>>.**

As a reminder, eligible dependents are defined in your plan booklet as:

- Your lawful spouse
- Your qualifying Domestic Partner
- Your child up to age 26; coverage may be extended to a child of any age who is incapable of self-support due to a mental or physical disability.

A child is defined as your natural biological child; stepchild; child of your qualifying domestic partner; legally adopted child or child placed with you for adoption; a visiting foreign student who is living with you in a parent-child relationship and 50% or more dependent on you for financial support; a grandchild living with you in a parent-child relationship; child for whom you or your spouse has been appointed the legal guardian; or a child for whom you are required to provide health insurance by a Qualified Medical Child Support Order.

If after reading the attached Frequently Asked Questions (FAQ) you still have questions, please feel free to call HMS Employer Solutions at (XXX) XXX-XXXX from 8a.m. to 8p.m. ET, Monday through Friday.

Thank you for your cooperation with this important effort to control healthcare plan costs.



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REQUIRED DOCUMENTS

All required documents **MUST** contain the date (including year), participant's name, and dependent's name. Personal information such as Social Security Numbers, account numbers, and financial information may be marked out for confidential purposes.

Please include a copy of the Verification Form signed and dated with all documentation submitted.

FOR SPOUSE:

- A copy of your marriage certificate
- **And one of the following:**
 - A copy of the front page of your 2014 federal tax return confirming this dependent is your spouse
 - A document dated within the last 60 days showing current relationship status such as a recurring monthly household bill or statement of account. The document must list your spouse's name, the date and your mailing address. Healthcare bills will not be accepted as proof of eligibility as healthcare coverage is being verified.

FOR DOMESTIC PARTNER:

- An Affidavit of Domestic Partnership **AND**
- A document dated within the last 60 days showing current relationship status such as a recurring household bill or statement of account. The document must list your partner's name, the date and your mailing address. Healthcare bills will not be accepted as proof of eligibility as healthcare coverage is being verified.

FOR CHILDREN UP TO AGE 26 AND DISABLED CHILDREN:

- A copy of the child's birth certificate/hospital birth record or adoption certificate naming you or your spouse as the child's parent. Please note the document must list the first and last names of the child and parent(s). **OR**
- A copy of the court order naming you or your spouse as the child's legal guardian.

Note for a stepchild or your domestic partner's child: If you are covering a stepchild you must also provide documentation of your current relationship to your spouse or domestic partner as requested above.

