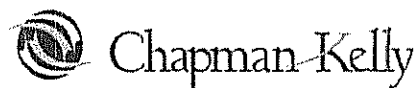




DEPENDENT VERIFICATION
P.O. Box 1587
Jeffersonville IN 47131



- WEB.** mydependentcheck.com/USG
- FAX.** 1-888-511-0382
- MAIL.** P.O. Box 1587, Jeffersonville, IN 47131
- PHONE.** 1-877-536-1397

May 20, 2010

|||...
T50 P1 *****AUTO**3-DIGIT 300

REFERENCE NUMBER: [REDACTED]

RESPOND BY: JUNE 30, 2010

IMPORTANT NOTICE: The current USG healthcare is unchanged as a result of the recent federal healthcare legislation. If you did not respond to the Amnesty letter because of the recently passed healthcare legislation, you still have time to respond. The current plan eligibility rules are in force. If your dependent is between the ages of 19-26 and is not a full time student and does not meet the definition of "disabled", you must comply with the current Dependent Verification Program. Immediate action is necessary on your part in order to prevent the removal of your dependent from the healthcare plan.

Dear [REDACTED]

As part of our ongoing effort to control health care costs, the University System of Georgia is taking steps to ensure that only eligible dependents are covered under our medical plans. To accomplish this, we have retained the services of Chapman Kelly, Inc., an independent firm, to conduct a dependent verification program. This program is intended to ensure that each dependent enrolled in our medical plans is accurately listed and eligible for coverage.

In order to ensure that dependents enrolled in the University System of Georgia plans meet the eligibility guidelines, Chapman Kelly has been authorized to obtain documentation regarding your enrolled dependents. Protecting your personal information is a priority to the University System of Georgia and Chapman Kelly. All documents provided during the dependent verification program are securely stored and protected through physical, electronic and procedural safeguards. *For more information on privacy and security, please refer to the enclosed Frequently Asked Questions (FAQ).*

A detailed list of documents required to validate each dependent can be found on the reverse side of this letter. You must provide all required documentation for each enrolled dependent to Chapman Kelly no later than **June 30, 2010**. You will be notified by mail that all documentation has been received if all documents are submitted before **June 30, 2010**.

FAILURE TO RESPOND TO THIS VERIFICATION LETTER WILL RESULT IN THE REMOVAL OF YOUR DEPENDENT(S) FROM HEALTHCARE COVERAGE.

DETAILED INSTRUCTIONS

- Review the definition of an eligible dependent below.
- Provide Social Security Numbers for all Dependents listed.
- Indicate current eligibility and/or terminate dependents who do not meet the definition of an eligible dependent.
- Collect **ALL** required documentation listed on the reverse side of this letter for each dependent.
- Follow the **Documentation Submission Checklist** on the back of the enclosed FAQ page.
- Sign and date the reverse side of this letter.
- Submit the signed letter and copies of **ALL** required documentation to Chapman Kelly by **June 30, 2010**.

INDICATE ELIGIBILITY AND/OR REQUEST TERMINATION

Eligible SPOUSE:

- ✓ Your legal spouse.

Eligible CHILDREN/STUDENTS:

- ✓ Unmarried, child under age 19; or to age 26, if verification of full-time student status at an accredited school is provided.

Eligible STEP-CHILDREN/STEP-CHILDREN STUDENTS:

- ✓ Unmarried step-children under age 19 who depend on the employee for support and maintenance and who live with the employee in a normal parent-child relationship; or to age 26, who depend on the employee for support and who can provide written verification of full-time student status at an accredited school.

Eligible DISABLED DEPENDENTS:

- ✓ Child who depends on the employee for support as they are unable to support themselves due to a mental or physical disability. The condition must have existed prior to age 19 (or age 26 if they became incapacitated while a full-time student.)

A *child* is defined as your natural child, stepchild, legally adopted child, child under age 19 placed with you for adoption, child living with you for whom you or your spouse are the permanent legal guardian, child for whom you are legally required to provide coverage as a result of a legal separation or divorce, or a child for whom you are required to provide health insurance by a Qualified Medical Child Support Order.



Para asistencia en español o cualquier otro idioma, por favor comuníquese con Chapman Kelly al 1-877-536-1397 Lunes a Viernes de 8:00 a.m. a 8:00 p.m. EST.



SEE REVERSE SIDE TO COMPLETE (OVER) →

DEFINITION OF AN ELIGIBLE DEPENDENT



786649

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Enrolled Dependent Name Relationship DOB	Covered Dependent Social Security Number	Does this dependent meet the DEFINITION OF AN ELIGIBLE DEPENDENT?		If NO, what date did the dependent NO LONGER qualify as an eligible dependent?
	Please write legibly	Yes	No	
[REDACTED], Spouse		<input type="checkbox"/>	<input type="checkbox"/>	

For dependents that DO NOT meet the definition of an eligible dependent where 'NO' is marked above, NO DOCUMENTATION IS REQUIRED. FOR DEPENDENTS WHO ARE INELIGIBLE FOR COVERAGE WHERE NO DATE OF INELIGIBILITY IS PROVIDED, THEIR COVERAGE WILL TERMINATE ON APRIL 30, 2010.

REQUIRED DOCUMENTATION

All Required Documentation **MUST** include date and/or year, employee name, and dependent's name. For more details regarding required documentation please visit www.mydependentcheck.com/USG. Submitted documents will not be returned.

FOR SPOUSES: Provide copies of 2 forms of documentation listed below.

- ✓ A copy of your marriage certificate **AND**
- ✓ A copy of the front page of your 2008 or 2009 filed federal tax return confirming this dependent as a spouse, OR documentation dated within the last 6 months establishing current relationship status such as a joint household bill, joint bank/credit account, joint mortgage or lease, listing you and your spouse's names OR documentation dated within the last 6 months establishing current residency. You may blacken out any financial information.

FOR CHILDREN: Provide documentation listed below.

- ✓ A copy of the child's birth certificate, naming you or your spouse as the child's parent, or appropriate court order / adoption decree naming you or your spouse as the child's legal guardian.

FOR STEPCHILDREN: Provide documentation from the CHILDREN's list above AND

- ✓ A copy of your marriage certificate as proof of the dependent's relationship to the employee **AND**
- ✓ A copy of the front page of your 2008 or 2009 filed federal tax return confirming showing that you claimed this dependent. You may blacken out any financial information.

Note: If this Stepchild is a Student, the Student documentation listed below will also be required.

FOR STUDENTS: Provide documentation from the CHILDREN's list above. AND

- ✓ A copy of the the Fall 2009 or Spring 2010 college or university school schedule or enrollment verification statement that confirms the dependent's status as a full-time student (Full-time status is typically 12 hours or more as an Undergraduate, and 9 hours or more as a Graduate Student).

Note: If this Student is a Stepchild, the Stepchild documentation listed above will also be required.

FOR DISABLED DEPENDENTS: Provide appropriate documentation from the CHILDREN's list above AND

- ✓ A copy of the front page of your 2008 or 2009 filed federal tax return confirming showing that you claimed this dependent. You may blacken out any financial information.

Note: If this Disabled Dependent is a Stepchild, the documentation listed above for Stepchildren will also be required.

If your dependent is eligible under the Plan based upon their student status, and the dependent must take a medically necessary leave of absence which would prevent them from maintaining eligibility under the Plan, the dependent may still be eligible for coverage under the plan for up to one year after the medically necessary leave of absence begins. Your dependent's treating physician must submit a certification to your HR Representative which states that the child is suffering from a serious illness or injury and that the leave of absence (or other change in enrollment) is medically necessary.

SIGN AND DATE

By my signature on this form, I certify and warrant to the University System of Georgia that all information on this form is true, correct, and current as of the date signed and any attempt to maintain coverage for an ineligible dependent will be subject to appropriate disciplinary action.

Signature of Employee (REQUIRED): _____ Date: _____

SUBMISSION DEADLINE IS JUNE 30, 2010




DOCUMENTATION SUBMISSION CHECKLIST:

- Submit all documents listed as **REQUIRED DOCUMENTS** on the back of the verification letter.
- Ensure each document is a **LEGIBLE BLACK and WHITE COPY** of the original document (*original documents will not be returned*).
- Include your **NAME** and **REFERENCE NUMBER 786649** for easy identification on all submitted documents in the upper left hand corner.
- Write '**NOT FOR OFFICIAL USE**' and **BLACK OUT** income information on all documents.
- SIGN** and **DATE** the back of the **verification letter** with blue or black ink.

To expedite Document Verification - **DO NOT USE COLOR PAPER, STAPLE, HIGHLIGHT, or TAPE** any of the Documents.

Return **ALL REQUIRED DOCUMENTATION AND SIGNED VERIFICATION LETTER** by **June 30, 2010** in the enclosed envelope to: Chapman Kelly at P.O. Box 1587, Jeffersonville, IN 47131 or via fax to 1-888-511-0382.

WHAT ARE MY OPTIONS FOR SUBMITTING DOCUMENTATION TO CHAPMAN KELLY?

-  **Document upload on the secure website:** Log onto www.mydependentcheck.com/USG. Once you have accessed the site you should click the "My Status" tab. You will then be required to login using your reference number and your date of birth. Your reference number can be located on the top right hand corner of the letter that you received. Once logged in, you will see the "Upload File" button. After you locate your file and successfully upload it you will receive a pop-up box confirming that your upload was successful.
-  **Fax:** Chapman Kelly's toll-free fax number is 1-888-511-0382. You may fax your documents 24 hours a day, 7 days a week.
-  **Mail:** Documents can be mailed to the Dependent Verification Center, P.O. Box 1587, Jeffersonville, IN 47131. Please allow 5-7 business days for your documents to be received and an additional 5 business days for documents to be processed.

THE DOCUMENTATION REQUIRED CONTAINS SENSITIVE DATA. IS THIS PROCESS SECURE?

Protecting personal information is a priority to the University System of Georgia and Chapman Kelly. In compliance with applicable U.S. (federal) and state regulations, information and documentation submitted to Chapman Kelly for the dependent verification program are stored, processed and protected by physical, electronic and procedural safeguards. When submitting marriage certificates, birth certificates and other documents, please mark each document "Not for Official Use". This notation stipulates that the documents be used only for the purposes of verifying the eligibility of your dependents. When submitting your tax documentation, only the top portion which includes the names of employee, spouse and any dependent children is required. Please blacken out any income information.

All documents are securely stored for six months following completion of the verification program. Upon expiration of the retention period, all documents and electronic files will be securely destroyed by Chapman Kelly and a Certificate of Destruction will be supplied to the University System of Georgia. **Please note that documents provided will NOT be returned.** Chapman Kelly meets all of the professional and legal standards associated with providing service to employers, including the Health Insurance Portability and Accountability Act (HIPAA), Employee Retirement Income Security Act (ERISA), and disposal rules as enforced by the Federal Trade Commission. In addition, every employee of Chapman Kelly submits to a thorough and multi-tiered background check. Only Chapman Kelly employees directly involved in the University System of Georgia dependent verification program will have access to these documents.

I DON'T KNOW WHERE MY DOCUMENTS ARE LOCATED. HOW CAN I OBTAIN THEM?

- **Marriage Certificate:** A copy of your marriage certificate may be obtained at the County Clerk's office (in the county in which you were married) for a minimal charge.
- **Birth Certificate:** Where to obtain a copy of your birth certificate varies by state. Contact the Office of Vital Statistics for the state in which the birth occurred.
- **Tax Forms:** If you did not maintain a copy of your federal tax return, you may request a copy from the company or individual who prepared your return. Alternatively, you may contact the Internal Revenue Service for a free transcript of your federal tax return.

HOW DOES MICHELLE'S LAW AFFECT MY STUDENT?

If your dependent is eligible under the Plan based upon their student status, and the dependent must take a medically necessary leave of absence which would prevent them from maintaining eligibility under the Plan, the dependent may still be eligible for coverage under the plan for up to one year after the medically necessary leave of absence begins. Your dependent's treating physician must submit a certification to your HR Representative which states that the child is suffering from a serious illness or injury and that the leave of absence (or other change in enrollment) is medically necessary.

For further assistance you may visit the website for this program, www.mydependentcheck.com/USG. Chapman Kelly Customer Care Representatives are available toll-free at 1-877-536-1397 Monday through Friday 8AM – 8PM EST. When mailing documents please send to P.O. Box 1587, Jeffersonville, IN 47131.

DEPENDENT VERIFICATION PROGRAM FREQUENTLY ASKED QUESTIONS

Additional FAQs and eligibility rules are located at www.mydependentcheck.com/USG

WHY IS THIS VERIFICATION PROGRAM BEING CONDUCTED?

As part of our commitment to control health care costs, the University System of Georgia is taking steps to ensure that only eligible dependents are covered under our medical plans. To accomplish this, we have retained the services of Chapman Kelly, Inc., an independent firm, to conduct a dependent verification program. This program is intended to ensure that each dependent enrolled in our medical plans is accurately listed and eligible for coverage.

WHO IS CHAPMAN KELLY, INC.?

Chapman Kelly, Inc. is an independent third-party audit company that the University System of Georgia has engaged to verify the eligibility of dependents covered under its medical plans. Chapman Kelly, Inc. specializes in verifying health plan eligibility and has audited verification documentation for hundreds of thousands of dependents for some of the largest employers in the United States; including institutions of higher education.

The verification process includes the handling and proper disposal of sensitive personal information. Experience and expertise are necessary to complete this program carefully and successfully, and to limit the inconvenience to participants.

WHAT IS THE FASTEST WAY FOR ME TO COMPLETE THE AUDIT PROCESS?

Step 1: Review the verification letter to determine what information is required to validate ALL eligible dependents.

Step 2: Locate and make copies of ALL necessary documentation. Copies should be legible, black and white copies. Include the Reference Number in the upper left hand corner.

Step 3: Document upload is available by logging on to www.mydependentcheck.com/USG, or you can fax Documentation to 1-888-511-0382. Use the back of the verification letter as the cover sheet when faxing all documents. To ensure security, our electronic fax service will load documents into our application securely; no paper is generated using the document upload or fax submission methods. You may also mail your documents using the envelope provided. To expedite Documentation Verification - DO NOT USE COLOR PAPER, STAPLE, HIGHLIGHT, or TAPE any of the Documents. Submitted documents will not be returned.

CAN EXCEPTIONS BE GRANTED TO ALLOW MY INELIGIBLE DEPENDENT TO STAY COVERED?

No. Only dependents that currently satisfy the plan's eligibility definition can remain covered.

If the dependent is no longer eligible because of a "qualifying event," (e.g. divorce, legal separation, child reaches age limit) and you feel they may be eligible for COBRA continuing coverage see your Human Resources representative for details.

WHAT IS THE CONSOLIDATED OMNIBUS BUDGET RECONCILIATION ACT (COBRA)?

The Consolidated Omnibus Budget Reconciliation Act (COBRA) gives workers and their families who lose their health benefits the right to choose to continue group health benefits provided by their group health plan for limited periods of time under certain circumstances such as voluntary or involuntary job loss, reduction in the hours worked, transition between jobs, death, divorce, and other life events. Qualified individuals should contact their Human Resources representative for COBRA details.

WHAT HAPPENS IF I DO NOT SUBMIT ALL REQUIRED DOCUMENTS BY THE VERIFICATION DEADLINE?

If you fail to remove ineligible dependents during the amnesty period or you either fail to provide or knowingly submit false information for enrolled dependents by the end of the Verification Phase, one or more of the following actions may occur:

- The ineligible dependent and/or dependents will be removed from the healthcare plan.
- You may be subject to disciplinary action.
- If you knowingly submit false information in an attempt to maintain coverage for one or more of your ineligible dependents, coverage for the employee and remaining eligible dependents may be cancelled.

The employee and any eligible dependent/dependents may be able to re-enroll in plans during future open enrollment periods if the required validation documentation is provided to the University System of Georgia. The University System Office will work with the insurance company to recover all claims paid during the period that the ineligible dependent was covered. You may be personally financially responsible for these claims. The University System of Georgia is ultimately responsible for determining how best to handle each individual case.

WILL I BE REIMBURSED FOR THE COST OF OBTAINING THESE DOCUMENTS?

No, any charge for obtaining copies of required documents is your responsibility.

MAY I PROVIDE THE DOCUMENTS TO THE UNIVERSITY SYSTEM OF GEORGIA HUMAN RESOURCES DEPT?

No. The University System of Georgia's Human Resource Department will not forward documents to Chapman Kelly nor will they provide employees with copies of previously submitted documents.

The only way to ensure that all documents are logged appropriately and eligibility is verified is to use the system that the University System of Georgia has set up through Chapman Kelly. Please call Chapman Kelly's Customer Care Center with questions or for assistance with the verification program. The toll-free phone number is 1-877-536-1397.

