

1

UNIVERSITY OF CALIFORNIA

Family Member Eligibility Verification Project about to Begin

As you may be aware through open enrollment notices and internal news features, we are about to begin a family member eligibility verification project to ensure that all family members enrolled in UC-sponsored health plans are eligible for coverage. All faculty, staff and retirees who have one or more family members enrolled for coverage will need to provide documentation verifying their family members' eligibility. This project is the first step in a series of undertakings to ensure a more efficient administration of our benefit plans.

UC has selected **Secova, Inc.** to manage this aspect of the effort. Secova has more than 20 years of experience administering family member eligibility verification projects. Secova is affiliated with Segal/Sibson, one of the University's long-time vendors and comes highly recommended by other higher education institutions and public and private sector employers.

Why this Project is Important

UC is proud to offer employees and retirees comprehensive, quality health coverage. We do so by managing our health plans responsibly and in the best interest of employees, retirees and the University. We review our plans every year to ensure they are competitive, compliant with state and federal regulations, and cost-effective. Verifying that all enrolled family members are eligible for coverage - a step that hundreds of universities now take routinely - is another way to meet our responsibility.

Through this project, we'll confirm that family members who are covered meet UC's family member eligibility rules - and we expect that the majority will. However, those who do not will be removed from coverage. Removing ineligible family members from coverage will help UC ensure our programs cover those we intend to, and better manage the costs of providing quality health coverage.

How Secova Will Help You

We want to make submitting verification documentation as easy as possible.

- **Beginning on March 16, 2012, Secova will mail a verification packet to your home address.** It will have instructions on the types of verification documentation to submit and how to submit it.
- **May 17, 2012 is the deadline for submitting documentation.**
- **Secova provides resources** - both by phone (representatives will be available 24/7) and online - to help you meet the requirements and answer your questions. Secova's dedicated call center, staffed with knowledgeable professionals, will offer you confidential support during the verification process.

We also know that keeping your family's personal information safe and confidential is critical. We chose Secova because they meet the highest standards of data security with state-of-the-art security processes and procedures.

We Appreciate Your Cooperation

The family member eligibility verification project is a large and important undertaking for the University. We want to make it as easy as possible for you to comply with the project's requirements and to enable you to continue the coverage of your eligible family members under UC-sponsored health plans. ***If you have family members covered by UC health and welfare benefits and you do not respond by May 17, 2012, you run the risk of having yourself and your family members de-enrolled from plan coverage.*** We are providing multiple avenues of expert support to help you. Thank you in advance for helping preserve the strength and viability of our benefit plans.

Sincerely,

Dwaine B. Duckett
Vice President of Human Resources
University of California

2

UNIVERSITY OF CALIFORNIA

Proyecto de Verificación de Miembros de Familia está por Comenzar

Como usted fue informado a través de avisos durante el periodo de inscripción y noticias internas, estamos a punto de comenzar el proyecto de verificación de elegibilidad de miembros de familia para asegurar que todos los miembros de familia inscritos en los planes de salud patrocinados por UC son elegibles para cobertura. Todos los profesores, personal y retirados quienes tienen uno o más miembros de familia inscritos para cobertura, deberán proveer documentación para verificar la elegibilidad de los miembros de su familia. Este proyecto es el primer paso de una serie de compromisos para asegurar una administración más eficiente de nuestros planes de beneficios.

UC ha seleccionado a **Secova, Inc.** para manejar esta parte del proceso. Secova tiene más de 20 años de experiencia administrando proyectos de verificación de elegibilidad para miembros de familia. Secova está afiliada a Segal/Sibson, uno de nuestros proveedores de la universidad durante mucho tiempo y viene siendo altamente recomendada por otras altas instituciones educativas y públicas y por empleadores del sector privado.

Porqué este proyecto es importante

UC tiene el orgullo de ofrecer a sus empleados y retirados una completa cobertura de salud de calidad. Lo hacemos manejando nuestros planes de salud responsablemente y con el mejor interés en los empleados, retirados y la Universidad. Nosotros revisamos nuestros planes cada año para asegurar que son competitivos, cumplen con las regulaciones estatales y federales, y son costo-efectivas. Verificar que todos los miembros de familia inscritos son elegibles para cobertura – un paso que cientos de universidades están tomando rutinariamente – es otra manera de cumplir con nuestra responsabilidad.

Mediante este proyecto confirmaremos que los miembros de las familias quienes están cubiertos, cumplen las reglas de elegibilidad para miembros de familia de UC - esperamos que la mayoría lo haga. Sin embargo, aquellos quienes no, serán removidos de su cobertura. Eliminando a miembros de familia no elegibles para cobertura, ayudara a UC a asegurar que nuestros programas cubran solo aquellos que queremos y manejar mejor los costos de proveer una cobertura de salud de calidad.

Cómo Secova Te Ayudará

Queremos hacer tan fácil como sea posible el envío de la documentación de verificación.

- **Empezando el 16 de Marzo de 2012, si usted tiene cubierto a miembros de familia, Secova le enviará por correo un paquete de verificación a su dirección de domicilio. Tendrá instrucciones de los tipos de documentación de verificación a enviar y como enviarlos.**
- **El 17 de Mayo de 2012 es la Fecha límite para enviar la documentación.**
- **Secova proporciona recursos – por teléfono (representantes estarán disponibles 24/7) y en línea – para ayudarle a cumplir los requisitos y contestar sus preguntas. El centro de llamadas dedicado de Secova, dotado de profesionales capacitados, le ofrecerá ayuda confidencial durante el proceso de verificación.**

También sabemos que mantener su información familiar segura y confidencial es crítico. Hemos elegido a Secova porque ellos satisfacen los más altos estándares de seguridad de datos con procesos y procedimientos de seguridad de tecnología avanzada.

Nosotros Apreciamos Su Cooperación

El proyecto de verificación de elegibilidad de miembros de familia es una tarea importante para la Universidad. Queremos hacer el proceso tan fácil como sea posible para que usted cumpla con los requisitos del proyecto y permitirle continuar con la cobertura de los miembros elegibles de su familia bajo los planes de salud patrocinados por UC. ***Si tiene miembros de familia inscritos en los planes de salud y beneficios de UC y no responde hasta el 17 de Mayo de 2012, usted correrá el riesgo de que usted y su familia sean removidos de la cobertura del plan.*** Estamos ofreciendo múltiples posibilidades de soporte especializado para ayudarlo. Gracias de antemano por ayudar a preservar la fortaleza y viabilidad de nuestros planes de beneficios.

Sinceramente,

Dwaine B. Duckett
Vice Presidente de Recursos Humanos
University of California

3



COVER SHEET FOR FAMILY MEMBER ELIGIBILITY VERIFICATION

You must submit this Cover Sheet for Family Member Eligibility Verification along with the required documents for ALL family members you've identified to be eligible by May 17, 2012 to avoid a lapse in benefit coverage for you and your family members.

<Health Plan Member Name>
<Address 1>
<Address 2>
<City, State Zip>

Refer to enclosed Verification Letter for detailed instructions on how to submit your documentation via one of the following methods:

UPLOAD TO SECURE WEBSITE: <https://verify.secova.com/uc>

FAX: 1-866-412-0214

MAIL: UC Family Member Eligibility Verification
Secova Service Center
PO Box 1901
Wall, NJ 07719-9966

If you select "Yes" for any family member(s) listed below, you must send this Cover Sheet along with all required documents by May 17, 2012 to ensure continuation of your benefit coverage. Refer to the enclosed *Definitions and Required Documents* for a detailed listing of acceptable documentation.

If you select "No" for any family member(s) listed below and submit this Cover Sheet by May 17, 2012, only those family member(s) will be de-enrolled from your coverage.

Family Member Name <i>(Proof of eligibility is required for all eligible family members)</i>	Is Family Member Eligible for Coverage?	Relation	Family Member Type <i>Check ONE (1) box for each eligible family member</i>
SUZY D. SAMPLE	Yes <input type="checkbox"/> No <input type="checkbox"/>	Spouse or Domestic Partner	<input type="checkbox"/> Legally Married <input type="checkbox"/> Registered Same Gender Domestic Partner <input type="checkbox"/> Registered Opposite Gender Domestic Partner <input type="checkbox"/> Not Registered Same Gender Domestic Partner <input type="checkbox"/> Not Registered Opposite Gender Domestic Partner
JOHN G. SAMPLE	Yes <input type="checkbox"/> No <input type="checkbox"/>	Child	<input type="checkbox"/> Biological <input type="checkbox"/> Adopted <input type="checkbox"/> Stepchild <input type="checkbox"/> Domestic Partner's Child <input type="checkbox"/> Grandchild <input type="checkbox"/> Domestic Partner's Grandchild <input type="checkbox"/> Legal Guardianship up to age 18 <input type="checkbox"/> Court Ordered (QMCSO)
JACK T. SAMPLE	Yes <input type="checkbox"/> No <input type="checkbox"/>	Other Child	
JILL L. SAMPLE	Yes <input type="checkbox"/> No <input type="checkbox"/>	Over Age Disabled Child (age 26 or over)	<input type="checkbox"/> Biological <input type="checkbox"/> Adopted <input type="checkbox"/> Stepchild <input type="checkbox"/> Domestic Partner's Child <input type="checkbox"/> Grandchild <input type="checkbox"/> Domestic Partner's Grandchild
MARY H. SAMPLE	Yes <input type="checkbox"/> No <input type="checkbox"/>	Adult Dependent Relative	

Contact Information

Please provide an email address and telephone number at which you can be reached during this Family Member Eligibility Verification project. This information will be used for the purpose of this Family Member Eligibility Verification project only and will not be shared with the University of California.

Email address:

Home Phone: ()

Cell Phone: ()

Declaration: Signature is required. Cover Sheets submitted without a signature will be considered INCOMPLETE.

By signing this Cover Sheet, I attest that I have reviewed the University of California Definitions and Required Documents and that the information I am submitting is true and accurate. I understand that providing false or misleading information may result in termination of coverage for me and my family members for up to 12 months per UC Group Insurance Regulations.

Member's Signature

Date

If you have questions, please call Secova at 1-877-632-8126 (toll-free).
Representatives are available to assist you 24 hours a day, 7 days a week. All calls are confidential.

4

UNIVERSITY OF CALIFORNIA

DEFINITIONS AND REQUIRED DOCUMENTS

Documentation to verify eligibility must be provided for all family members you identified in the *Cover Sheet for Family Member Eligibility Verification* as being eligible for health care coverage under the UC-health sponsored plans.

FAMILY MEMBER TYPE	DEFINITION	REQUIRED DOCUMENT(S) (COPIES ONLY, NO ORIGINAL DOCUMENTS)
<p>Spouse or Registered Domestic Partner</p>	<p>Spouse: A current legal spouse as recognized by state law. A legally separated or ex-spouse is not eligible for coverage under UC-sponsored plans.</p> <p>Registered Domestic Partner: Individual in a current domestic partnership registered with the State of California or a substantially equivalent partnership or union, other than a marriage, validly formed in another jurisdiction. For opposite gender domestic partners either you or your domestic partner must be age 62 or older and eligible to receive Social Security benefits based on age.</p>	<p>Option 1 Any ONE of the following tax documents:</p> <ul style="list-style-type: none"> • Page 1 and signature page of your 2010 or 2011 Federal Income Tax Return (1040, 1040A or 1040EZ) as filed with the IRS listing your spouse • Page 1 and Certificate of Electronic Filing or transmission page of your 2010 or 2011 Federal Income Tax Return (1040, 1040A or 1040EZ) as filed with the IRS listing your spouse • Page 1 and signature page of your 2010 or 2011 State Income Tax Return (540, 540A or 540 2EZ) as filed with the State of California Franchise Tax Board listing your spouse or domestic partner <p>FOR OPPOSITE GENDER DOMESTIC PARTNERS: BOTH of the following documents:</p> <ul style="list-style-type: none"> • Page 1 and signature page of your 2010 or 2011 State Income Tax Return (540, 540A or 540 2EZ) as filed with the State of California Franchise Tax Board listing your domestic partner • Any government-issued document (Birth Certificate, Driver's License*, CA State ID*, Passport*, or Military ID*) indicating one partner is age 62 or greater <p>Option 2 ONE of the following documents:</p> <ul style="list-style-type: none"> • Marriage Certificate (spouse) • State of California Declaration of Domestic Partnership or documentation of a substantially equivalent partnership or union, other than a marriage, validly formed in another jurisdiction <p>AND any ONE of the following documents to show marriage/domestic partnership is still current:</p> <ul style="list-style-type: none"> • Current mortgage statement, home equity loan, or lease agreement listing both plan member and spouse/domestic partner • Current property tax documents listing both you and your spouse/domestic partner • Automobile registration that is currently in effect listing both you and your spouse/domestic partner • Current credit card statement or other account statement (e.g. bank account) listing both you and your spouse/domestic partner • Current utility bill listing both you and your spouse/domestic partner or separate utility bills showing the same address <p>OPPOSITE GENDER DOMESTIC PARTNERS: ALL of the following documents:</p> <ul style="list-style-type: none"> • State of California Declaration of Domestic Partnership or documentation of a substantially equivalent partnership or union, other than a marriage, validly formed in another jurisdiction • One of the documents from the list above to show domestic partnership is still current • Any government-issued document (Birth Certificate, Driver's License*, CA State ID*, Passport*, or Military ID*) indicating one partner is age 62 or greater <p>NOTE: "Current" is defined as within the last 12 months</p>

FAMILY MEMBER TYPE	DEFINITION	REQUIRED DOCUMENT(S) (COPIES ONLY, NO ORIGINAL DOCUMENTS)
Same Gender/ Opposite Gender Domestic Partner (Not Registered)	<p>A domestic partnership that has not been registered with the State of California must meet the following criteria to be a domestic partnership for UC HR purposes:</p> <ul style="list-style-type: none"> - parties must be each other's sole domestic partner in a long-term, committed relationship and must intend to remain so indefinitely - neither party may be legally married or be a partner in another domestic partnership - parties must not be related to each other by blood to a degree that would prohibit legal marriage in the State of California - both parties must be at least 18 years old and capable of consenting to the relationship - both parties must be financially interdependent - parties must share a common residence - For opposite gender domestic partners either the member or domestic partner must be age 62 or older and eligible to receive Social Security benefits based on age 	<p>Any THREE of the following documents:</p> <ul style="list-style-type: none"> • Current mortgage statement, home equity loan, or lease agreement listing both you and your domestic partner • Current Property Tax documents listing both you and your domestic partner • Automobile registration or car loan that is currently in effect listing both you and your domestic partner • Current credit card statement or other account statement (e.g. bank account) listing both you and your domestic partner • Current utility bill listing both you and your domestic partner or separate utility bills showing the same address • Power of attorney for durable property or healthcare • Wills, life insurance policies or retirement annuities naming each other as primary beneficiary • Written agreement or contract showing mutual support obligations or joint ownership of assets acquired during the relationship <p>OPPOSITE GENDER DOMESTIC PARTNERS:</p> <p>ALL of the following:</p> <ul style="list-style-type: none"> • Any three of the documents from the list above to show domestic partnership is still current • Any government-issued document (Birth Certificate, Driver's License*, CA State ID*, Passport*, or Military ID*) indicating one partner is age 62 or greater <p>NOTE: "Current" is defined as within the last 12 months.</p>
Biological (natural) Child Up to age 26	<p>Your biological child (child is eligible through the end of the month in which the child reaches age 26)</p>	<p>Option 1</p> <ul style="list-style-type: none"> • Birth Certificate (issued by a state, county, or vital records office) naming you as parent <p>Option 2</p> <ul style="list-style-type: none"> • Any government-issued document (Driver's License*, CA State ID*, Passport*, or Military ID*) showing the child's birth date <p>AND any ONE of the following tax documents:</p> <ul style="list-style-type: none"> • Page 1 and signature page of your 2010 or 2011 Federal Income Tax Return (1040, 1040A or 1040EZ) as filed with the IRS listing the child • Page 1 and Certificate of Electronic Filing or transmission page of your 2010 or 2011 Federal Income Tax Return (1040, 1040A or 1040EZ) as filed with the IRS listing the child
Adopted Child Up to age 26	<p>Your legally adopted child or a child placed with you in anticipation of legal adoption (child is eligible through the end of the month in which the child reaches age 26)</p>	<p>Option 1</p> <ul style="list-style-type: none"> • Birth Certificate (issued by a state, county, or vital records office) naming you as adopted parent

FAMILY MEMBER TYPE	DEFINITION	REQUIRED DOCUMENT(S) (COPIES ONLY, NO ORIGINAL DOCUMENTS)
Adopted Child Up to age 26		<p>Option 2</p> <ul style="list-style-type: none"> Any government-issued document (Birth Certificate, Driver's License*, CA State ID*, Passport*, or Military ID*) showing the child's birth date <p>AND any ONE of the following legal documents:</p> <ul style="list-style-type: none"> Certificate of adoption (court documents) signed by a judge showing that you have adopted the child Papers from the adoption agency showing intent to adopt International adoption papers from country of adoption and a certified translation of the document in English
Stepchild Up to age 26	Your stepchild (child is eligible through the end of the month in which the child reaches age 26)	<p>ALL of the following:</p> <ul style="list-style-type: none"> Birth Certificate of stepchild (issued by a state, county or vital records office) showing your spouse as parent Provide the required documents listed previously in the spouse section (above) demonstrating spouse is eligible for coverage under UC-sponsored health plans
Domestic Partner's Child Up to age 26	<p>Your domestic partner's child (child is eligible through the end of the month in which the child reaches age 26)</p> <p>Note: Your domestic partner must be eligible for UC-sponsored coverage and you must provide the appropriate documents to prove eligibility.</p>	<p>ALL of the following:</p> <ul style="list-style-type: none"> Provide the required documents listed previously in the domestic partner section (above) demonstrating domestic partner is eligible for coverage under UC-sponsored health plans Provide the required documents listed previously in the biological (natural) child or adopted child sections (above) naming your domestic partner as parent
Grandchild or Step-Grandchild Up to age 26	Your unmarried grandchild or step-grandchild, who resides with you, is financially dependent on you for more than half of their support and maintenance, and is claimed as a tax dependent by you or your spouse	<ul style="list-style-type: none"> Any government-issued document (Birth Certificate, Driver's License*, CA State ID*, Passport*, or Military ID*) showing the grandchild or step-grandchild's birth date <p>AND any ONE of the following tax documents:</p> <ul style="list-style-type: none"> Page 1 and signature page of your or your spouse's 2010 or 2011 Federal Income Tax Return (1040, 1040A or 1040EZ) as filed with the IRS listing the grandchild or step-grandchild Page 1 and Certificate of Electronic Filing or transmission page of your or your spouse's 2010 or 2011 Federal Income Tax Return (1040, 1040A or 1040EZ) as filed with the IRS listing the grandchild or step-grandchild
Domestic Partner's Grandchild Up to age 26	<p>Your domestic partner's unmarried grandchild who resides with you, is financially dependent on you for more than half of their support and maintenance, and is claimed as a tax dependent by you or your domestic partner</p> <p>Note: Your domestic partner must be eligible for UC-sponsored coverage and you must provide the appropriate documents to prove eligibility.</p>	<p>ALL of the following:</p> <ul style="list-style-type: none"> Provide the required documents listed previously in the domestic partner section (above) demonstrating domestic partner is eligible for coverage under UC-sponsored health plans Any government-issued document (Birth Certificate, Driver's License*, CA State ID*, Passport*, or Military ID*) showing the grandchild's birth date <p>AND any ONE of the following tax documents:</p> <ul style="list-style-type: none"> Page 1 and signature page of your or your domestic partner's 2010 or 2011 Federal Income Tax Return (1040, 1040A or 1040EZ) as filed with the IRS listing the grandchild Page 1 and Certificate of Electronic Filing or transmission page of your or your domestic partner's 2010 or 2011 Federal Income Tax Return (1040, 1040A or 1040EZ) as filed with the IRS listing the grandchild

FAMILY MEMBER TYPE	DEFINITION	REQUIRED DOCUMENT(S) (COPIES ONLY, NO ORIGINAL DOCUMENTS)
Child for whom the Plan Member is Legal Guardian Up to age 18	Your unmarried child for whom you have become legal guardian, who resides with you, is financially dependent on you for more than half of their support and maintenance, and is claimed as your tax dependent	<ul style="list-style-type: none"> • Signed court document confirming plan member is the legal guardian AND any ONE of the following tax documents: <ul style="list-style-type: none"> • Page 1 and signature page of your 2010 or 2011 Federal Income Tax Return (1040, 1040A or 1040EZ) as filed with the IRS listing the child • Page 1 and Certificate of Electronic Filing or transmission page of your 2010 or 2011 Federal Income Tax Return (1040, 1040A or 1040EZ) as filed with the IRS listing the child
Child under age 19 for whom the Plan has received a Qualified Medical Child Support Order	Any recognized children you are required to cover under the plan due to a Qualified Medical Child Support Order (QMCSO)	ONE of the following documents: <ul style="list-style-type: none"> • Court documents signed by a judge • Medical support orders issued by a State agency
Over Age Disabled Child (age 26 or older)	<p>In most cases, a disabled child may be covered under UC-sponsored health plans provided the disabled child meets all of the following:</p> <ul style="list-style-type: none"> • unmarried • incapable of self-support due to a mental or physical disability incurred prior to age 26 • enrolled in a UC group medical plan before age 26, • the coverage is continuous from the date of disability • must be approved before age 26 or by the carrier during the PIE for newly eligible employees or newly acquired family members • chiefly dependent upon you, your spouse or eligible domestic partner for support and maintenance (50%+ support) • claimed as your, your spouse's or your eligible domestic partner's dependent for income tax purposes or, if not, is eligible for Social Security income or Supplemental Security Income as a disabled person. The overage disabled child may be working in supported employment that may offset the Social Security or Supplemental Security Income. 	<ul style="list-style-type: none"> • You must submit the required document(s) for the appropriate family member category above, as proof that the child is your or your spouse/domestic partner's biological (natural) child, adopted child, stepchild, grandchild/step-grandchild, or grandfathered other child AND any ONE of the following tax documents: <ul style="list-style-type: none"> • Page 1 and signature page of your/your spouse's/your domestic partner's 2010 or 2011 Federal Income Tax Return (1040, 1040A or 1040EZ) as filed with the IRS listing the child • Page 1 and Certificate of Electronic Filing or transmission page of your/your spouse's/your domestic partner's 2010 or 2011 Federal Income Tax Return (1040, 1040A or 1040EZ) as filed with the IRS listing the child <p>IF NOT CLAIMED AS DEPENDENT FOR INCOME TAX PURPOSES:</p> ALL of the following: <ul style="list-style-type: none"> • You must submit the required document(s) for the appropriate family member category above, as proof that the child is your or your spouse/domestic partner's child • Current government-issued ID or document showing eligibility for Social Security Income (SSI) or Social Security Disability Income (SSDI)

FAMILY MEMBER TYPE	DEFINITION	REQUIRED DOCUMENT(S) (COPIES ONLY, NO ORIGINAL DOCUMENTS)
Grandfathered Other Child Up to age 26	<p>Other child can be covered under UC-sponsored health plans provided the other child meets all of the following:</p> <ul style="list-style-type: none"> • enrolled before 09/01/94 • under age 26 • unmarried • living with the Employee/Retiree • dependent on the Employee/Retiree for at least 50% of his/her support • claimed as the Employee/Retiree's dependent for income tax purposes <p>In addition, the eligible Employee/Retiree must continue to have the legal right to authorize medical care for the child.</p>	<p>ALL of the following:</p> <ul style="list-style-type: none"> • Any government-issued document (Birth Certificate, Driver's License*, CA State ID*, Passport*, or Military ID*) showing the child's birth date • Health Care Power of Attorney <p>AND any ONE of the following tax documents:</p> <ul style="list-style-type: none"> • Page 1 and signature page of your 2010 or 2011 Federal Income Tax Return (1040, 1040A or 1040EZ) as filed with the IRS listing the child • Page 1 and Certificate of Electronic Filing or transmission page of your 2010 or 2011 Federal Income Tax Return (1040, 1040A or 1040EZ) as filed with the IRS listing the child
Grandfathered Adult Dependent Relative (ADR)	<p>An adult dependent relative if enrolled before 12/31/03. Adult dependent relatives <u>must be</u> tax dependents and <u>must NOT</u> be eligible for Medicare to be eligible for coverage in UC-sponsored health plans.</p>	<ul style="list-style-type: none"> • If age 65 or older, provide documentation from Medicare stating that your adult dependent relative is not eligible for premium-free Medicare Part A <p>AND any ONE of the following tax documents:</p> <ul style="list-style-type: none"> • Page 1 and signature page of your 2010 or 2011 Federal Income Tax Return (1040, 1040A or 1040EZ) as filed with the IRS listing the adult dependent relative • Page 1 and Certificate of Electronic Filing or transmission page of your 2010 or 2011 Federal Income Tax Return (1040, 1040A or 1040EZ) as filed with the IRS listing the adult dependent relative

RESOURCES TO OBTAIN DOCUMENTS

- Birth Certificates & Marriage Licenses: <http://www.cdc.gov/nchs/w2w.htm> (click on your State for details)
- Children born outside the United States: http://travel.state.gov/passport/get/first/first_825.html
- Copy of California State Tax Return: <https://www.ftb.ca.gov/individuals/faq/lvr/615.shtml>
- State of California Declaration of Domestic Partnership: <http://www.sos.ca.gov/dpregistry/>

If you have questions, please call Secova toll-free 24 hours a day, 7 days a week at 1-877-632-8126.
Your call is confidential.

* Copy of expired Driver's License, CA State ID, Passport, or Military ID is allowed to verify family member's birth date.

5

FREQUENTLY ASKED QUESTIONS

Family Member Eligibility Verification

GENERAL INFORMATION

1. Why is the University of California verifying member eligibility for health insurance?

Rising medical, dental, and vision healthcare costs are a problem for employers and members nationwide. The University of California Group Insurance Program for employees and retirees is no exception. To responsibly manage UC resources, it is essential that health plan members enroll only those family members who are eligible for UC-sponsored health insurance. The Family Member Eligibility Verification process is an opportunity for the university to update family member information and then monitor it for the future.

2. Why did the University of California decide to use an outside vendor for the Family Member Eligibility Verification project?

With more than 175,000 family members enrolled in UC health insurance plans, the magnitude of this project required outside resources and expertise. UC chose Secova because of their demonstrated experience in family member verification projects for large organizations, their commitment to customer service and their state-of-the-art security processes to protect the confidential data of our employees and retirees.

In contracting with Secova, UC Human Resources followed the standard university process for selecting professional services, including review of proposals from a number of vendors.

3. How will the verification process work?

Beginning March 16, Secova will mail information packets to all employees and retirees who have family members enrolled in UC-sponsored health coverage. The packet will include the names of enrolled family members, a list of the documents that may be submitted for each person listed and instructions on how to submit the documents. Employees and retirees will have until May 17 to submit the documents.

4. Where should I send my Cover Sheet for Family Member Eligibility Verification and required documents?

Submit them **directly to Secova** by fax, online, or mail as follows:

Fax: 1-866-412-0214 (toll-free)

Mail to: Secova Service Center
PO Box 1901
Wall, NJ 07719-9966

Secure online submission: <https://verify.secova.com/uc>

Please DO NOT send your verification documents to the University of California.

5. Will my personal information be safe with Secova? What will Secova do with my documents?

Yes, your personal information will be safe with Secova. Do not send original documents to Secova, only photocopies.

All documents sent via secure fax are automatically uploaded electronically so that there are no paper copies for Secova to manage. Documents uploaded online are moved to a secure folder. When Secova receives your paper documents, they are scanned to an electronic image. All documents sent electronically or converted to an electronic image are stored in a secure Document Management System with password-protected access. Paper documents are stored in an access controlled secure storage room. After the verification process is complete, Secova will destroy all paper copies.

Secova ensures the confidentiality and privacy of all documents submitted during this process.

6. Who can answer my questions about the definition of an eligible family member?

First, review the enclosed *Definitions and Required Documents* sheet. If you still have questions, please call Secova at 1-877-632-8126 (toll-free). Representatives are available 24 hours a day, 7 days a week to assist you. Translation services are available in 150 languages. Your conversation is always confidential. **Please do not contact the University of California.**

7. Will I receive confirmation once my Family Member Verification is complete?

Yes. Secova will send a confirmation once you have completed the verification for all eligible family members. If your *Cover Sheet for Family Member Eligibility Verification* or required documents are incomplete, Secova will send you a notice that lists all additional information needed to complete the process. You may also check the status of the verification process at <https://verify.secova.com/uc>.

8. What happens if I do not return my Cover Sheet for Family Member Eligibility Verification and required documentation, or I have not provided proper documentation to complete the verification process by the deadline?

If you do not return the *Cover Sheet for Family Member Eligibility Verification* and required documents by the May 17 deadline, you and your family members risk de-enrollment from UC-sponsored coverage. If you respond but do not provide proper documentation, your family members risk de-enrollment.

9. What do I need to do if one or more of my enrolled family members no longer meet the eligibility requirements?

You must check the "No" box on the *Cover Sheet for Family Member Eligibility Verification* and return it to Secova. Secova will notify the University of California, and your family member(s) will be de-enrolled from UC-sponsored coverage.

10. What will happen if an employee or retiree is found to have enrolled an ineligible family member?

Ineligible family members will be de-enrolled from UC coverage.

11. How has the University of California been working with unions regarding represented employees?

UC has provided advance notice of the Family Member Eligibility Verification project to all employees and retirees. UC also sent a letter to all union leaders on January 27, 2012 notifying them of the project.

FAMILY MEMBER ELIGIBILITY

12. Which family members are not eligible?

Any family member not specifically listed on the enclosed *Definitions and Required Documents* is not eligible.

13. What happens to the coverage of a family member who does not meet the eligibility definitions?

Family members who do not meet the eligibility definitions will be de-enrolled from UC-sponsored coverage.

14. My spouse/domestic partner/child works for the University of California and is benefits eligible. Can I still cover him/her under my UC-sponsored health plan?

Yes. However, UC rules do not allow duplicate coverage. If you are covered as your spouse's/domestic partner's eligible family member and then become eligible for UC-sponsored coverage yourself, you have two options. You can either opt out of the automatic employee coverage and remain covered as your spouse's/domestic partner's family member or make sure your spouse or domestic partner de-enrolls you from his or her UC-sponsored health plan before you enroll yourself.

Family members of UC employees/retirees may not be covered by more than one UC employee's/retiree's plan coverage. For example, if both spouses/domestic partners work for the University of California, their children cannot be covered by both family members.

15. My child goes to school in another state and lives there for nine months of the year. Is he/she eligible for coverage under UC-sponsored health plans, and if so what documentation do I need to provide to prove eligibility?

Yes. Your child is not required to reside with you in order to be covered under UC-sponsored health plans. Please refer to the enclosed *Definitions and Required Documents* to ensure your child meets the eligibility requirements under one of the family member types and refer to the list of acceptable documentation you can submit to verify eligibility.

16. The court decree (or settlement) regarding my divorce/legal separation/termination of domestic partnership requires me to provide benefits for my spouse/former spouse/domestic partner. Can I cover him/her under my UC-sponsored health plan?

No. A former spouse/domestic partner (or spouse/domestic partner from whom you are legally separated) is not an eligible family member under our plan. Eligibility stops on the last day of the month in which a divorce, legal separation, annulment, or termination of partnership is final. Be sure to de-enroll your former spouse/domestic partner from all plans in which he/she is enrolled. Your former spouse/domestic partner may be eligible for COBRA coverage. For information about COBRA continuation privileges, see the At Your Service website or contact your Benefits Office.

17. My domestic partner and I currently are not registered as domestic partners with the State of California Domestic Partners Registry. Is he/she eligible for coverage under UC-sponsored health plans, and if so what documentation do I need to provide to prove eligibility?

Yes. You can cover your unregistered domestic partner under UC-sponsored health plans. Please refer to the enclosed *Definitions and Required Documents* for a list of acceptable documentation you can submit to verify eligibility of your domestic partner. If you still have questions, please call Secova at 1-877-632-8126 (toll-free). Representatives are available 24 hours a day, 7 days a week to assist you. Your conversation is always confidential. **Please do not contact the University of California.**

18. Can I cover my domestic partner's child or grandchild under my UC-sponsored health plans?

Yes. You may enroll your domestic partner's child or grandchild even if you do not enroll your partner; however, your partner must be eligible for UC-sponsored coverage, and you must provide the appropriate documents to prove your domestic partner is eligible for coverage under UC-sponsored health plans, as well as documentation to prove your domestic partner's child is eligible.

19. Why does eligibility for a child for whom the plan member is legal guardian end at age 18 when it continues to age 26 for other children?

California law stipulates that legal guardianship ends when a child reaches age 18. Group insurance for a child under legal guardianship stops at the end of the month in which the child turns 18.

20. Can I cover my parents under my UC-sponsored health plan?

In most cases the answer to this question is "No". The one exception is if you are covering an adult dependent relative that was enrolled by December 31, 2003.

In addition to yourself, you may cover only one eligible adult family member (not counting children between the ages of 21 and 26 who can be included in your coverage) under your UC-sponsored health plan. If you cover an adult dependent relative under any of your UC-sponsored health plans, you may not enroll your spouse or domestic partner.

21. If I remove one or more family members from my coverage, will my benefits coverage category automatically change (for example, from family coverage to single coverage)?

If appropriate, your coverage category will be changed and your monthly premium will be reduced, if needed, at the time your family member(s) is de-enrolled from UC-sponsored health plans.

DOCUMENTATION TO PROVE ELIGIBILITY

22. Should I provide the supporting documentation for my family members to Human Resources?

No. Please send verification documents to Secova via fax to 1-866-412-0214 or mail in the enclosed prepaid envelope. You can also visit the Secova/University of California Family Member Eligibility Verification secure website at <https://verify.secova.com/uc> for instructions on verifying family member eligibility online. Secova will review and confirm verification of all family members enrolled in UC-sponsored coverage.

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

Yes, in addition to the first page of your electronically filed tax return, we will also need a copy of the signature (transmission) page, which provides proof of e-filing.

24. If I want to add a family member to my coverage at a later date, will I be required to provide documentation at that time?

Yes. Going forward, the University of California will require documentation of any family member's eligibility at the time you enroll your eligible family member in UC-sponsored coverage.

25. How do I submit required documentation?

- **To avoid processing delays** - Write your Name, Member ID# (found in upper right hand corner of Cover Sheet) and UC in the top right hand corner of each document you submit.
- **Send copies only** - No originals.
- **Do not highlight or circle information on documents.**
- **Document proofs** - Birth Certificates, Marriage Licenses, etc. are to be copied and submitted on a single sheet, one sided. The back side is to remain blank.
- **Confidentiality** - Each health plan member should submit their own family member documentation. Do not submit family member documentation on behalf of other health plan members.
- **Sending multiple verification documentation** - Whether you are uploading, faxing or mailing the required documents, make sure each document is copied on its own separate page. (For example, if you are submitting a Marriage Certificate for your spouse and a Birth Certificate for your child, the Marriage Certificate should be copied onto one page and the Birth Certificate onto a second page.)
- **Faxing documents** - Make sure documents are placed in the proper position on the fax machine, either face up or face down (depending on the fax machine) to prevent sending blank documents. Blank documents cannot be processed and will result in the family member(s) being placed in a no response status. You are responsible for making sure that your fax is properly transmitted to Secova's secure fax line. Please remember to keep a copy of your fax confirmation page for future reference.
- **Mailing documents** - Use the enclosed prepaid envelope. You may need to use an additional envelope for submitting multiple documents. For speedy processing, do not staple, tape or clip your documents.

26. How to submit a copy of a Federal Tax Return:

Please use a black marker to hide financial and Social Security Numbers on the tax return before submitting it to Secova. (See sample Tax Return below.) Please note that it is a felony to falsify IRS tax forms in any way.

Specific information required:

1. You and your spouse's full name
2. Your complete address
3. Social Security Number marked out for you and your family members
4. Filing status
5. Exemptions (family members)
6. Your family member(s)' relationship to you

SAMPLE TAX FORM WITH FINANCIAL AND PERSONAL INFORMATION MARKED OUT

Form 1040 Department of the Treasury - Internal Revenue Service
U.S. Individual Income Tax Return (99) 996 Use Only - Do not write or staple in this space

For the year Jan 1-Dec 31, 2010 or other tax year beginning 2010 ending 20

1 → Your first name and initial: **Walter A** Last name: **Brown**

2 → Home address (number and street): **RR1 Box 25** City, town or post office, state, and ZIP code: **HOMETOWN, VA 22870**

3 → Your social security number: [Redacted]

4 → Filing Status: Married filing jointly (even if only one had income)

5 → Exemptions: Spouse

(1) First name	Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) <input checked="" type="checkbox"/> if child under age 17 qualifying for child tax credit (see page 15)
Michael	Brown	[Redacted]	Son	<input checked="" type="checkbox"/>
Matthew	Brown	[Redacted]	Son	<input checked="" type="checkbox"/>
Sarah	Brown	[Redacted]	Daughter	<input checked="" type="checkbox"/>

6 → Relationship to you

7 → Wages, salaries, tips, etc. Attach Form(s) W-2

8a → Taxable interest. Attach Schedule B if required

6

UNIVERSITY OF CALIFORNIA

Save Time! Complete Your Family Member Eligibility Verification Online!

Visit the University of California Family Member Eligibility Verification secure website at:
<https://verify.secova.com/uc>

You will be able to:

- View and print your Cover Letter, Definitions and Required Documents, and Frequently Asked Questions
- Complete and submit your Cover Sheet for Family Member Eligibility Verification
- Upload required documentation
- Monitor family member eligibility status
- Submit a request for assistance (a "First Aid Request") if you have questions about how to complete the verification process

How to log on:

1. Go to <https://verify.secova.com/uc>.
2. Follow the instructions on the screen to enter your member ID# and password. Your member ID# is found in the upper right hand corner of the Cover Sheet for Family Member Eligibility Verification. The first time you log into the system your password will be your date of birth (MMDDYYYY) and the last 4 digits of your member ID# (no dashes or spaces). You will be prompted to change your password once you have confirmed your email address.
3. Once you successfully enter your member ID# and password, you will be taken to the Email Verification screen. Enter your email address – re-type it to confirm. You may use your work or personal email address, whichever you prefer.
4. Once you confirm your email address and click submit, you will see the Thank You page.
5. You will receive an email from DependentVerification@Secova.com with a system-generated passcode to finish the authentication.
6. The email will provide a link to the Member Passcode Login page and a passcode to enter. Passcodes are case sensitive.
7. Click on the link in the email and enter the system-generated passcode on the Member Passcode Login page.
8. If you do not receive an email, please check your spam/junk mail folder.
9. Please make sure to add DependentVerification@Secova.com to your approved contacts.
10. The first time you log in to this site, you will be required to complete the steps to change your password.
11. After you have successfully changed and confirmed your new password, the system will take you to the main menu to begin your family member eligibility verification.

Special Instructions for uploading documents:

- All documents must be scanned and uploaded in one of the following formats: .PDF, .JPG, .TIF, .GIF, or .PNG.
- Scanned and uploaded documents should be no larger than 10MB per file.
- The Family Member Verification Management System supports Internet Explorer 7 or above, Firefox 3.0 or above and Google Chrome.

Need Assistance?

If you are having trouble at any time after you have logged in, you can click on the First Aid icon at the bottom of every web page. The Member First Aid form will open up and you will be able to provide a detailed description of the problem you are experiencing. Once you complete the form, your help request will be forwarded to our member support team and a call center representative will contact you within one business day. If you need immediate assistance, you can call Secova at 1-877-632-8126 (toll-free). Representatives are available 24 hours a day, 7 days a week. Your call is confidential.

7

UNIVERSITY OF CALIFORNIA

IMPORTANT: ACTION REQUIRED TO CONTINUE BENEFIT COVERAGE FOR YOU AND YOUR FAMILY MEMBERS ENROLLED IN UC-SPONSORED HEALTH PLANS

March 16, 2012

Dear UC Health Plan Member:

At the University of California, we strive to provide the highest quality benefits for you and your family members. At the same time, we must protect the long-term viability of our health plans. One way to protect your benefits is **to make sure that only eligible individuals are enrolled in UC-sponsored coverage**. We know that the majority of our enrolled family members meet our eligibility requirements, but there may be some instances when a health plan member mistakenly or incorrectly covers an ineligible family member.

As part of our effort to verify family member eligibility, UC has partnered with Secova, a company that specializes in verifying health plan eligibility, to conduct a confidential, system wide review of family member eligibility here at UC. Between now and May 17, 2012, all UC health plan members with a family member enrolled in UC-sponsored health plans (medical, dental, or vision) must submit proof of eligibility to Secova.

Rest assured that your confidentiality is of utmost concern to both UC and Secova. Secova enforces a strict company privacy policy to ensure that the information you submit by any method including paper, electronic and fax remains secure.

WHAT YOU NEED TO DO

1. **REVIEW** the enclosed *Definitions and Required Documents* to confirm your currently enrolled family member(s) meets the eligibility requirements and to identify what documentation you are required to submit;
2. **OBTAIN** the appropriate documentation for each family member listed on the enclosed *Cover Sheet for Family Member Eligibility Verification* and make copies. ***Do not submit original documents.*** Write your name, member ID# and UC in the top right hand corner of the copy of each document you submit. **See the *Cover Sheet for Family Member Eligibility Verification* for your member ID#; it is in the upper right hand corner.**
3. **SUBMIT DOCUMENTATION**
 - **ONLINE:** Visit the University of California Family Member Eligibility Verification secure website at <https://verify.secova.com/uc> for instructions on completing the Cover Sheet and submitting your required documents online; OR
 - **BY FAX OR MAIL: (complete all of the following steps)**
 - **COMPLETE, SIGN AND DATE** the enclosed *Cover Sheet for Family Member Eligibility Verification*;
 - **FAX** your documents to Secova toll-free at 1-866-412-0214; OR **MAIL** the completed and signed *Cover Sheet for Family Member Eligibility Verification* with copies of required eligibility documentation to Secova using the enclosed prepaid envelope. If you mail the Cover Sheet, please keep a copy for your records.

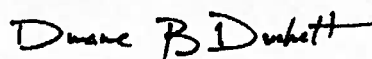
If you have questions,
please call Secova at
1-877-632-8126 (toll-free).
Representatives are available
24 hours a day, 7 days a week.
Your call is confidential.

All documents must be received no later than May 17, 2012.

Once you've completed the verification process, you will receive confirmation on the verification status of your family member(s) from Secova. Please contact Secova at 1-877-632-8126 (toll-free) if you have any questions during this process. Representatives are available to assist you 24 hours a day, 7 days a week. Translation services are available for Spanish and 150 other languages. **If you do not respond to this request for verification, you and all of your covered family members will risk being de-enrolled from UC-sponsored coverage.**

Thank you for your time and responsiveness. Your cooperation during this process will help UC to control costs and protect benefits for you and your eligible family members.

Sincerely,



Dwaine B. Duckett
Vice President of Human Resources

8

UNIVERSITY OF CALIFORNIA

IMPORTANTE: ACCIÓN REQUERIDA PARA CONTINUAR CON LA COBERTURA DE BENEFICIOS PARA USTED Y LOS MIEMBROS DE SU FAMILIA INSCRITOS EN LOS PLANES DE SALUD PATROCINADOS POR UC

16 de Marzo de 2012

Estimado Miembro de los Planes de Salud de UC:

En la Universidad de California, nos esforzamos en proveer la más alta calidad de beneficios para usted y los miembros de su familia. Al mismo tiempo, debemos proteger la viabilidad en el largo plazo de nuestros planes de salud. Una forma de proteger sus beneficios es de **asegurar que solamente los individuos elegibles estén inscritos en la cobertura patrocinada por UC**. Sabemos que la mayoría de nuestros miembros familiares inscritos cumplen con nuestros requisitos de elegibilidad, pero podría haber algunos casos en los que un miembro del plan de salud inscribió erróneamente o cubrió a un miembro de la familia no elegible.

Como parte de nuestro esfuerzo para verificar la elegibilidad de los miembros de las familias, UC se ha asociado a Secova, una compañía que se especializa en la verificación de elegibilidad de planes de salud, a conducir una revisión confidencial de todo el sistema de elegibilidad de los miembros de las familias aquí en UC. Desde hoy y hasta el 17 de Mayo de 2012, todos los participantes de los planes de salud (médico, dental, o visión) de UC con miembros de familia inscritos en los planes de salud patrocinados por la UC, tienen que enviar prueba de elegibilidad a Secova.

Tenga la seguridad que su confidencialidad es de sumo interés para UC y Secova. Secova aplica una estricta política de seguridad para asegurar que la información que remita por cualquier método, incluyendo papel, electrónico o fax permanezca segura.

LO QUE USTED DEBE HACER

- REVISE** el adjunto *Definiciones y Documentos Requeridos* para confirmar que los miembros de su familia actualmente inscritos, cumplen los requisitos de elegibilidad y para identificar la documentación que usted es requerido de enviar;
- OBTENGA** la apropiada documentación para cada miembro de la familia listado en el adjunto (*Hoja de Cubierta para Verificación de Elegibilidad de los Miembros de la Familia*) y haga copias. No remita documentos originales. Escriba su nombre, # de Identificación y UC en la esquina superior derecha de cada copia de documento que usted remita. **Revise la Hoja de Cubierta para Verificación de Elegibilidad de los Miembros de la Familia por su # de Identificación; se encuentra en la esquina superior derecha.**
- REMITA LA DOCUMENTACIÓN**
 - EN LÍNEA:** Visite el sitio Web seguro de Verificación de Miembros de la Familia de la Universidad de California en <https://verify.secova.com/uc> por instrucciones para completar la Hoja de Cubierta y como remitir los documentos requeridos en línea; O
 - POR FAX O CORREO: (complete todos los siguientes pasos)**
 - COMPLETE, FIRME Y FECHE** el adjunto (*Hoja de Cubierta para Verificación de Elegibilidad de los Miembros de la Familia*);
 - REMITA POR FAX** sus documentos a Secova, sin cargo al 1-866-412-0214; O **REMITA POR MAIL** la *Hoja de Cubierta para Verificación de Elegibilidad de los Miembros de la Familia* completada y firmada con copias de la documentación de elegibilidad requerida a Secova, usando el sobre pre-pagado adjunto. Si remite por correo la Hoja de Cubierta, por favor guarde una copia para sus registros.

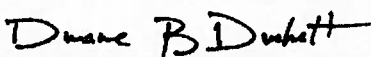
Si tiene preguntas, por favor llame a Secova al 1-877-632-8126 (sin cargo). Representantes están disponibles 24 horas al día, 7 días a la semana. Su llamada es confidencial.

Todos los documentos deben ser recibidos no después del 17 de Mayo de 2012.

Una vez que complete el proceso de verificación, recibirá una confirmación de Secova sobre el estado de verificación de los miembros de su familia. Por favor llame a Secova al 1-877-632-8126 (sin cargo) si tiene preguntas durante este proceso. Representantes están disponibles para ayudarlo 24 horas al día, 7 días a la semana. Servicios de traducción están disponibles en español y otros 150 idiomas. **Si no responde a esta solicitud de verificación, usted y todos los miembros de su familia cubiertos correrán el riesgo de perder la inscripción en la cobertura patrocinada por UC.**

Gracias por su tiempo y sensibilidad. Su cooperación durante este proceso ayudara a UC a controlar los costos y proteger los beneficios de usted y los miembros de su familia elegibles.

Sinceramente,



Dwaine B. Duckett
Vice Presidente de Recursos Humanos

9



COVER SHEET FOR FAMILY MEMBER ELIGIBILITY VERIFICATION

You must submit this Cover Sheet for Family Member Eligibility Verification along with the required documents for ALL family members you've identified to be eligible by May 17, 2012 to avoid a lapse in benefit coverage for you and your family members.

<Health Plan Member Name>
<Address 1>
<Address 2>
<City, State Zip>

Refer to enclosed Verification Letter for detailed instructions on how to submit your documentation via one of the following methods:

UPLOAD TO SECURE WEBSITE: <https://verify.secova.com/uc>

FAX: 1-866-412-0214

MAIL: UC Family Member Eligibility Verification
Secova Service Center
PO Box 1901
Wall, NJ 07719-9966

If you select "Yes" for any family member(s) listed below, you must send this Cover Sheet along with all required documents by May 17, 2012 to ensure continuation of your benefit coverage. Refer to the enclosed *Definitions and Required Documents* for a detailed listing of acceptable documentation.

If you select "No" for any family member(s) listed below and submit this Cover Sheet by May 17, 2012, only those family member(s) will be de-enrolled from your coverage.

Family Member Name <i>(Proof of eligibility is required for all eligible family members)</i>	Is Family Member Eligible for Coverage?	Relation	Family Member Type <i>Check ONE (1) box for each eligible family member</i>
SUZY D. SAMPLE	Yes <input type="checkbox"/> No <input type="checkbox"/>	Spouse or Domestic Partner	<input type="checkbox"/> Legally Married <input type="checkbox"/> Registered Same Gender Domestic Partner <input type="checkbox"/> Registered Opposite Gender Domestic Partner <input type="checkbox"/> Not Registered Same Gender Domestic Partner <input type="checkbox"/> Not Registered Opposite Gender Domestic Partner
JOHN G. SAMPLE	Yes <input type="checkbox"/> No <input type="checkbox"/>	Child	<input type="checkbox"/> Biological <input type="checkbox"/> Adopted <input type="checkbox"/> Stepchild <input type="checkbox"/> Domestic Partner's Child <input type="checkbox"/> Grandchild <input type="checkbox"/> Domestic Partner's Grandchild <input type="checkbox"/> Legal Guardianship up to age 18 <input type="checkbox"/> Court Ordered (QMCSO)
JACK T. SAMPLE	Yes <input type="checkbox"/> No <input type="checkbox"/>	Other Child	
JILL L. SAMPLE	Yes <input type="checkbox"/> No <input type="checkbox"/>	Over Age Disabled Child (age 26 or over)	<input type="checkbox"/> Biological <input type="checkbox"/> Adopted <input type="checkbox"/> Stepchild <input type="checkbox"/> Domestic Partner's Child <input type="checkbox"/> Grandchild <input type="checkbox"/> Domestic Partner's Grandchild
MARY H. SAMPLE	Yes <input type="checkbox"/> No <input type="checkbox"/>	Adult Dependent Relative	

Contact Information

Please provide an email address and telephone number at which you can be reached during this Family Member Eligibility Verification project. This information will be used for the purpose of this Family Member Eligibility Verification project only and will not be shared with the University of California.

Email address: _____ **Home Phone:** () _____ **Cell Phone:** () _____

Declaration: Signature is required. Cover Sheets submitted without a signature will be considered INCOMPLETE.

By signing this Cover Sheet, I attest that I have reviewed the University of California Definitions and Required Documents and that the information I am submitting is true and accurate. I understand that providing false or misleading information may result in termination of coverage for me and my family members for up to 12 months per UC Group Insurance Regulations.

Member's Signature

Date

If you have questions, please call Secova at 1-877-632-8126 (toll-free) or 323-781-3921 (for calls outside the US). Representatives are available to assist you 24 hours a day, 7 days a week. All calls are confidential.

10

UNIVERSITY OF CALIFORNIA

DEFINITIONS AND REQUIRED DOCUMENTS

Documentation to verify eligibility must be provided for all family members you identified in the *Cover Sheet for Family Member Eligibility Verification* as being eligible for health care coverage under the UC-health sponsored plans.

Please use a black marker to hide financial and Social Security Numbers on the tax return before submitting it to Secova Inc. (See sample Tax Return in the Frequently Asked Questions for further information.)

FAMILY MEMBER TYPE	DEFINITION	REQUIRED DOCUMENT(S) (COPIES ONLY, NO ORIGINAL DOCUMENTS)
<p>Spouse or Registered Domestic Partner</p>	<p>Spouse: A current legal spouse as recognized by state law. A legally separated or ex-spouse is not eligible for coverage under UC-sponsored plans.</p> <p>Registered Domestic Partner: Individual in a current domestic partnership registered with the State of California or a substantially equivalent partnership or union, other than a marriage, validly formed in another jurisdiction. For opposite gender domestic partners either you or your domestic partner must be age 62 or older and eligible to receive Social Security benefits based on age.</p>	<p>Option 1 Any ONE of the following tax documents:</p> <ul style="list-style-type: none"> • Page 1 and signature page of your 2010 or 2011 Federal Income Tax Return (1040, 1040A or 1040EZ) as filed with the IRS listing your spouse • Page 1 and Certificate of Electronic Filing or transmission page of your 2010 or 2011 Federal Income Tax Return (1040, 1040A or 1040EZ) as filed with the IRS listing your spouse • Page 1 and signature page of your 2010 or 2011 State Income Tax Return (540, 540A or 540 2EZ) as filed with the State of California Franchise Tax Board listing your spouse or domestic partner <p>FOR OPPOSITE GENDER DOMESTIC PARTNERS: BOTH of the following documents:</p> <ul style="list-style-type: none"> • Page 1 and signature page of your 2010 or 2011 State Income Tax Return (540, 540A or 540 2EZ) as filed with the State of California Franchise Tax Board listing your domestic partner • Any government-issued document (Birth Certificate, Driver's License*, CA State ID*, Passport*, or Military ID*) indicating one partner is age 62 or greater <p>Option 2 ONE of the following documents:</p> <ul style="list-style-type: none"> • Marriage Certificate (spouse) • State of California Declaration of Domestic Partnership or documentation of a substantially equivalent partnership or union, other than a marriage, validly formed in another jurisdiction <p>AND any ONE of the following documents to show marriage/domestic partnership is still current:</p> <ul style="list-style-type: none"> • Current mortgage statement, home equity loan, or lease agreement listing both plan member and spouse/domestic partner • Current property tax documents listing both you and your spouse/domestic partner • Automobile registration that is currently in effect listing both you and your spouse/domestic partner • Current credit card statement or other account statement (e.g. bank account) listing both you and your spouse/domestic partner • Current utility bill listing both you and your spouse/domestic partner or separate utility bills showing the same address <p>OPPOSITE GENDER DOMESTIC PARTNERS: ALL of the following documents:</p> <ul style="list-style-type: none"> • State of California Declaration of Domestic Partnership or documentation of a substantially equivalent partnership or union, other than a marriage, validly formed in another jurisdiction • One of the documents from the list above to show domestic partnership is still current • Any government-issued document (Birth Certificate, Driver's License*, CA State ID*, Passport*, or Military ID*) indicating one partner is age 62 or greater <p>NOTE: "Current" is defined as within the last 12 months</p>

FAMILY MEMBER TYPE	DEFINITION	REQUIRED DOCUMENT(S) (COPIES ONLY, NO ORIGINAL DOCUMENTS)
Same Gender/ Opposite Gender Domestic Partner (Not Registered)	<p>A domestic partnership that has not been registered with the State of California must meet the following criteria to be a domestic partnership for UC HR purposes:</p> <ul style="list-style-type: none"> - parties must be each other's sole domestic partner in a long-term, committed relationship and must intend to remain so indefinitely - neither party may be legally married or be a partner in another domestic partnership - parties must not be related to each other by blood to a degree that would prohibit legal marriage in the State of California - both parties must be at least 18 years old and capable of consenting to the relationship - both parties must be financially interdependent - parties must share a common residence - For opposite gender domestic partners either the member or domestic partner must be age 62 or older and eligible to receive Social Security benefits based on age 	<p>Any THREE of the following documents:</p> <ul style="list-style-type: none"> • Current mortgage statement, home equity loan, or lease agreement listing both you and your domestic partner • Current Property Tax documents listing both you and your domestic partner • Automobile registration or car loan that is currently in effect listing both you and your domestic partner • Current credit card statement or other account statement (e.g. bank account) listing both you and your domestic partner • Current utility bill listing both you and your domestic partner or separate utility bills showing the same address • Power of attorney for durable property or healthcare • Wills, life insurance policies or retirement annuities naming each other as primary beneficiary • Written agreement or contract showing mutual support obligations or joint ownership of assets acquired during the relationship <p>OPPOSITE GENDER DOMESTIC PARTNERS:</p> <p>ALL of the following:</p> <ul style="list-style-type: none"> • Any three of the documents from the list above to show domestic partnership is still current • Any government-issued document (Birth Certificate, Driver's License*, CA State ID*, Passport*, or Military ID*) indicating one partner is age 62 or greater <p>NOTE: "Current" is defined as within the last 12 months.</p>
Biological (natural) Child Up to age 26	<p>Your biological child (child is eligible through the end of the month in which the child reaches age 26)</p>	<p>Option 1</p> <ul style="list-style-type: none"> • Birth Certificate (issued by a state, county, or vital records office) naming you as parent <p>Option 2</p> <ul style="list-style-type: none"> • Any government-issued document (Driver's License*, CA State ID*, Passport*, or Military ID*) showing the child's birth date <p>AND any ONE of the following tax documents:</p> <ul style="list-style-type: none"> • Page 1 and signature page of your 2010 or 2011 Federal Income Tax Return (1040, 1040A or 1040EZ) as filed with the IRS listing the child • Page 1 and Certificate of Electronic Filing or transmission page of your 2010 or 2011 Federal Income Tax Return (1040, 1040A or 1040EZ) as filed with the IRS listing the child
Adopted Child Up to age 26	<p>Your legally adopted child or a child placed with you in anticipation of legal adoption (child is eligible through the end of the month in which the child reaches age 26)</p>	<p>Option 1</p> <ul style="list-style-type: none"> • Birth Certificate (issued by a state, county, or vital records office) naming you as adopted parent

FAMILY MEMBER TYPE	DEFINITION	REQUIRED DOCUMENT(S) (COPIES ONLY, NO ORIGINAL DOCUMENTS)
Adopted Child Up to age 26		<p>Option 2</p> <ul style="list-style-type: none"> Any government-issued document (Birth Certificate, Driver's License*, CA State ID*, Passport*, or Military ID*) showing the child's birth date <p>AND any ONE of the following legal documents:</p> <ul style="list-style-type: none"> Certificate of adoption (court documents) signed by a judge showing that you have adopted the child Papers from the adoption agency showing intent to adopt International adoption papers from country of adoption and a certified translation of the document in English
Stepchild Up to age 26	Your stepchild (child is eligible through the end of the month in which the child reaches age 26)	<p>ALL of the following:</p> <ul style="list-style-type: none"> Birth Certificate of stepchild (issued by a state, county or vital records office) showing your spouse as parent Provide the required documents listed previously in the spouse section (above) demonstrating spouse is eligible for coverage under UC-sponsored health plans
Domestic Partner's Child Up to age 26	<p>Your domestic partner's child (child is eligible through the end of the month in which the child reaches age 26)</p> <p>Note: Your domestic partner must be eligible for UC-sponsored coverage and you must provide the appropriate documents to prove eligibility.</p>	<p>ALL of the following:</p> <ul style="list-style-type: none"> Provide the required documents listed previously in the domestic partner section (above) demonstrating domestic partner is eligible for coverage under UC-sponsored health plans Provide the required documents listed previously in the biological (natural) child or adopted child sections (above) naming your domestic partner as parent
Grandchild or Step-Grandchild Up to age 26	Your unmarried grandchild or step-grandchild, who resides with you, is financially dependent on you for more than half of their support and maintenance, and is claimed as a tax dependent by you or your spouse	<ul style="list-style-type: none"> Any government-issued document (Birth Certificate, Driver's License*, CA State ID*, Passport*, or Military ID*) showing the grandchild or step-grandchild's birth date <p>AND any ONE of the following tax documents:</p> <ul style="list-style-type: none"> Page 1 and signature page of your or your spouse's 2010 or 2011 Federal Income Tax Return (1040, 1040A or 1040EZ) as filed with the IRS listing the grandchild or step-grandchild Page 1 and Certificate of Electronic Filing or transmission page of your or your spouse's 2010 or 2011 Federal Income Tax Return (1040, 1040A or 1040EZ) as filed with the IRS listing the grandchild or step-grandchild
Domestic Partner's Grandchild Up to age 26	<p>Your domestic partner's unmarried grandchild who resides with you, is financially dependent on you for more than half of their support and maintenance, and is claimed as a tax dependent by you or your domestic partner</p> <p>Note: Your domestic partner must be eligible for UC-sponsored coverage and you must provide the appropriate documents to prove eligibility.</p>	<p>ALL of the following:</p> <ul style="list-style-type: none"> Provide the required documents listed previously in the domestic partner section (above) demonstrating domestic partner is eligible for coverage under UC-sponsored health plans Any government-issued document (Birth Certificate, Driver's License*, CA State ID*, Passport*, or Military ID*) showing the grandchild's birth date <p>AND any ONE of the following tax documents:</p> <ul style="list-style-type: none"> Page 1 and signature page of your or your domestic partner's 2010 or 2011 Federal Income Tax Return (1040, 1040A or 1040EZ) as filed with the IRS listing the grandchild Page 1 and Certificate of Electronic Filing or transmission page of your or your domestic partner's 2010 or 2011 Federal Income Tax Return (1040, 1040A or 1040EZ) as filed with the IRS listing the grandchild

FAMILY MEMBER TYPE	DEFINITION	REQUIRED DOCUMENT(S) (COPIES ONLY, NO ORIGINAL DOCUMENTS)
Child for whom the Plan Member is Legal Guardian Up to age 18	Your unmarried child for whom you have become legal guardian, who resides with you, is financially dependent on you for more than half of their support and maintenance, and is claimed as your tax dependent	<ul style="list-style-type: none"> • Signed court document confirming plan member is the legal guardian AND any ONE of the following tax documents: <ul style="list-style-type: none"> • Page 1 and signature page of your 2010 or 2011 Federal Income Tax Return (1040, 1040A or 1040EZ) as filed with the IRS listing the child • Page 1 and Certificate of Electronic Filing or transmission page of your 2010 or 2011 Federal Income Tax Return (1040, 1040A or 1040EZ) as filed with the IRS listing the child
Child under age 19 for whom the Plan has received a Qualified Medical Child Support Order	Any recognized children you are required to cover under the plan due to a Qualified Medical Child Support Order (QMCSO)	<p>ONE of the following documents:</p> <ul style="list-style-type: none"> • Court documents signed by a judge • Medical support orders issued by a State agency
Over Age Disabled Child (age 26 or older)	<p>In most cases, a disabled child may be covered under UC-sponsored health plans provided the disabled child meets all of the following:</p> <ul style="list-style-type: none"> • unmarried • incapable of self-support due to a mental or physical disability incurred prior to age 26 • enrolled in a UC group medical plan before age 26, • the coverage is continuous from the date of disability • must be approved before age 26 or by the carrier during the PIE for newly eligible employees or newly acquired family members • chiefly dependent upon you, your spouse or eligible domestic partner for support and maintenance (50%+ support) • claimed as your, your spouse's or your eligible domestic partner's dependent for income tax purposes or, if not, is eligible for Social Security income or Supplemental Security Income as a disabled person. The overage disabled child may be working in supported employment that may offset the Social Security or Supplemental Security Income. 	<ul style="list-style-type: none"> • You must submit the required document(s) for the appropriate family member category above, as proof that the child is your or your spouse/domestic partner's biological (natural) child, adopted child, stepchild, grandchild/step-grandchild, or grandfathered other child AND any ONE of the following tax documents: <ul style="list-style-type: none"> • Page 1 and signature page of your/your spouse's/your domestic partner's 2010 or 2011 Federal Income Tax Return (1040, 1040A or 1040EZ) as filed with the IRS listing the child • Page 1 and Certificate of Electronic Filing or transmission page of your/your spouse's/your domestic partner's 2010 or 2011 Federal Income Tax Return (1040, 1040A or 1040EZ) as filed with the IRS listing the child <p>IF NOT CLAIMED AS DEPENDENT FOR INCOME TAX PURPOSES:</p> <p>ALL of the following:</p> <ul style="list-style-type: none"> • You must submit the required document(s) for the appropriate family member category above, as proof that the child is your or your spouse/domestic partner's child • Current government-issued ID or document showing eligibility for Social Security Income (SSI) or Social Security Disability Income (SSDI)

FAMILY MEMBER TYPE	DEFINITION	REQUIRED DOCUMENT(S) (COPIES ONLY, NO ORIGINAL DOCUMENTS)
Grandfathered Other Child Up to age 26	<p>Other child can be covered under UC-sponsored health plans provided the other child meets all of the following:</p> <ul style="list-style-type: none"> • enrolled before 09/01/94 • under age 26 • unmarried • living with the Employee/Retiree • dependent on the Employee/Retiree for at least 50% of his/her support • claimed as the Employee/Retiree's dependent for income tax purposes <p>In addition, the eligible Employee/Retiree must continue to have the legal right to authorize medical care for the child.</p>	<p>ALL of the following:</p> <ul style="list-style-type: none"> • Any government-issued document (Birth Certificate, Driver's License*, CA State ID*, Passport*, or Military ID*) showing the child's birth date • Health Care Power of Attorney <p>AND any ONE of the following tax documents:</p> <ul style="list-style-type: none"> • Page 1 and signature page of your 2010 or 2011 Federal Income Tax Return (1040, 1040A or 1040EZ) as filed with the IRS listing the child • Page 1 and Certificate of Electronic Filing or transmission page of your 2010 or 2011 Federal Income Tax Return (1040, 1040A or 1040EZ) as filed with the IRS listing the child
Grandfathered Adult Dependent Relative (ADR)	<p>An adult dependent relative if enrolled before 12/31/03. Adult dependent relatives <u>must be</u> tax dependents and <u>must NOT</u> be eligible for Medicare to be eligible for coverage in UC-sponsored health plans.</p> <p><i>In addition to yourself, you may cover only one eligible adult family member (not counting children between the ages of 21 and 26 who can be included in your coverage) under your UC-sponsored health plan. If you cover an adult dependent relative under any of your UC-sponsored health plans, you may not enroll your spouse or domestic partner.</i></p>	<ul style="list-style-type: none"> • If age 65 or older, provide documentation from Medicare stating that your adult dependent relative is not eligible for premium-free Medicare Part A <p>AND any ONE of the following tax documents:</p> <ul style="list-style-type: none"> • Page 1, and signature page of your 2010 or 2011 Federal Income Tax Return (1040, 1040A or 1040EZ) as filed with the IRS listing the adult dependent relative • Page 1 and Certificate of Electronic Filing or transmission page of your 2010 or 2011 Federal Income Tax Return (1040, 1040A or 1040EZ) as filed with the IRS listing the adult dependent relative

RESOURCES TO OBTAIN DOCUMENTS

- Birth Certificates & Marriage Licenses: <http://www.cdc.gov/nchs/w2w.htm> (click on your State for details)
- Children born outside the United States: http://travel.state.gov/passport/get/first/first_825.html
- Copy of California State Tax Return: <https://www.ftb.ca.gov/Individuals/faq/ivr/615.shtml>
- State of California Declaration of Domestic Partnership: <http://www.sos.ca.gov/dpregistry/>

If you have questions, please call Secova toll-free 24 hours a day, 7 days a week at 1-877-632-8126 or 323-781-3921 (for calls outside of the US).

Your call is confidential.

* Copy of expired Driver's License, CA State ID, Passport, or Military ID is allowed to verify family member's birth date.

11

For a complete list of Frequently Asked Questions please visit The University of California Family Member Eligibility Verification secure website at: <https://verify.secova.com/uc> or visit the At Your Service website at: <http://atyourservice.ucop.edu/family-member-verification/faq.html>.

GENERAL QUESTIONS ABOUT THE FMEV PROJECT

1. Why is the University of California verifying member eligibility for health insurance?

Rising medical, dental, and vision healthcare costs are a problem for employers and members nationwide. The University of California's Health & Welfare Benefits Program for employees and retirees is no exception. The University has a fiduciary responsibility to the people of California, as well to its employees and retirees to ensure the best possible management of its health care benefits. To responsibly manage UC resources, it is essential that health plan members enroll only those family members who are eligible for UC-sponsored health insurance. The Family Member Eligibility Verification process is an opportunity for the university to update family member information and then monitor it for the future.

2. Why did the University of California decide to use an outside vendor for the Family Member Eligibility Verification project?

With more than 175,000 family members enrolled in UC health insurance plans, the magnitude of this project required outside resources and expertise. To accomplish a project of this size with the least difficulty for our employees and retirees, it was necessary to hire a vendor with specific expertise in this area. UC chose *Secova Inc.* because of their demonstrated experience in family member verification projects for large organizations, their commitment to customer service and their state-of-the-art security processes to protect the confidential data of our employees and retirees.

3. Where should I send my Cover Sheet for Family Member Eligibility Verification and required documents?

Submit them **directly to Secova Inc.** by fax, online, or mail as follows:

Fax: 1-866-412-0214 (toll-free)

Secure online submission: <https://verify.secova.com/uc>

Mail to: Secova Service Center, PO Box 1901, Wall, NJ 07719-9966

Please DO NOT send your verification documents to the University of California.

4. Will my personal information be safe with Secova Inc.? What will Secova Inc. do with my documents?

Yes, your personal information will be safe with Secova Inc. Do not send original documents to Secova Inc., send only photocopies. All documents sent via secure fax are automatically uploaded electronically so that no paper copy is created. Documents uploaded online are moved to a secure folder. When Secova Inc. receives your paper documents, they are scanned to an electronic image. All documents sent electronically or converted to an electronic image are stored in a secure Document Management System with password-protected access. Paper documents are stored in an access controlled secure storage room. After the verification process is complete, Secova Inc. will destroy all paper copies.

Secova Inc. ensures the confidentiality and privacy of all documents submitted during this process.

5. Who can answer my questions about the definition of an eligible family member?

First, review the enclosed *Definitions and Required Documents* sheet. If you still have questions, please call Secova Inc. at: (from the US) 1-877-632-8126 (toll-free) or (from outside the US) 323-781-3921. Representatives are available 24 hours a day, 7 days a week to assist you. Translation services are available in 150 languages. Your conversation is always confidential. **Please do not contact the University of California.**

6. How does Secova Inc. know about my University of California benefits eligibility requirements?

The Secova Inc. team working on our project received many hours of training from UC staff on UC benefits eligibility standards. Further, a team from UC traveled to New Jersey to provide hands on training with regards to the UC culture.

7. Will I receive confirmation once my Family Member Verification is complete?

Yes. Secova Inc. will send a confirmation once you have completed the verification for all eligible family members. If your *Cover Sheet for Family Member Eligibility Verification* or required documents are incomplete, Secova Inc. will send you a notice that lists all additional information needed to complete the process. You may also check the status of the verification process at <https://verify.secova.com/uc>.

8. What happens if I do not return my Cover Sheet for Family Member Eligibility Verification and required documentation or I have not provided proper documentation to complete the verification process by the deadline?

If you do not return the *Cover Sheet for Family Member Eligibility Verification* and required documents by the May 17 deadline, you and your family members risk de-enrollment from UC-sponsored coverage. If you respond but do not provide proper documentation, your family members risk de-enrollment.

9. What do I need to do if one or more of my enrolled family members no longer meet the eligibility requirements and what will happen to their coverage?

You must check the "No" box on the *Cover Sheet for Family Member Eligibility Verification* and return it to Secova Inc. Secova Inc. will notify the University of California and your family member(s) will be de-enrolled from UC-sponsored coverage.

10. What will happen if an employee or retiree is found to have enrolled an ineligible family member?

Ineligible family members will be de-enrolled from UC coverage.

FAMILY MEMBER ELIGIBILITY

11. Which family members are not eligible?

Any family member not specifically listed on the enclosed Definitions and Required Documents is not eligible.

12. My spouse/domestic partner/child works for the University of California and is benefits eligible. Can I still cover him/her under my UC-sponsored health plan?

Yes. However, UC rules do not allow duplicate coverage. If you are covered as your spouse's/domestic partner's eligible family member and then become eligible for UC-sponsored coverage yourself, you have two options. You can either opt out of the automatic employee coverage and remain covered as your spouse's/domestic partner's family member or make sure your spouse or domestic partner de-enrolls you from his or her UC-sponsored health plan before you enroll yourself.

Family members of UC employees/retirees may not be covered by more than one UC employee's/retiree's plan coverage. For example, if both spouses/domestic partners work for the University of California, their children cannot be covered by both family members.

13. My child goes to school in another state and lives there for nine months of the year. Is he/she eligible for coverage under UC-sponsored health plans, and if so what documentation do I need to provide to prove eligibility?

Yes. Your child is not required to reside with you in order to be covered under UC-sponsored health plans. Please refer to the enclosed *Definitions and Required Documents* to ensure your child meets the eligibility requirements under one of the family member types and refer to the list of acceptable documentation you can submit to verify eligibility.

14. The court decree (or settlement) regarding my divorce/legal separation/termination of domestic partnership requires me to provide benefits for my spouse/former spouse/domestic partner. Can I cover him/her under my UC-sponsored health plan?

No. A former spouse/domestic partner (or spouse/domestic partner from whom you are legally separated) is not an eligible family member under our plan. Eligibility stops on the last day of the month in which a divorce, legal separation, annulment, or termination of partnership is final. Be sure to de-enroll your former spouse/domestic partner from all plans in which he/she is enrolled. Your former spouse/domestic partner may be eligible for COBRA coverage if you make the request within 30 days of the date of divorce/legal separation/termination of partnership. For information about COBRA continuation privileges, see the At Your Service website or contact your Benefits Office.

15. My domestic partner and I currently are not registered as domestic partners with the State of California Domestic Partners Registry. Is he/she eligible for coverage under UC-sponsored health plans, and if so what documentation do I need to provide to prove eligibility?

Yes. You can cover your unregistered domestic partner under UC-sponsored health plans. Please refer to the enclosed *Definitions and Required Documents* for a list of acceptable documentation you can submit to verify eligibility of your domestic partner. If you still have questions, please call Secova Inc. at 1-877-632-8126 (toll-free) or (from outside the US) 323-781-3921. Representatives are available 24 hours a day, 7 days a week to assist you. Your conversation is always confidential. **Please do not contact the University of California.**

16. Can I cover my domestic partner's child or grandchild under my UC-sponsored health plans?

Yes. You may enroll your domestic partner's child or grandchild even if you do not enroll your partner; however, your partner must be eligible for UC-sponsored coverage, and you must provide the appropriate documents to prove your domestic partner is eligible for coverage under UC-sponsored health plans, as well as documentation to prove your domestic partner's child is eligible.

17. Why does eligibility for a child for whom the plan member is legal guardian end at age 18 when it continues to age 26 for other children?

California law stipulates that legal guardianship ends when a child reaches age 18. Group insurance for a child under legal guardianship stops at the end of the month in which the child turns 18.

18. Can I cover my parents under my UC-sponsored health plan?

In most cases the answer to this question is "No". The one exception is if you are covering an adult dependent relative that was enrolled by December 31, 2003.

In addition to yourself, you may cover only one eligible adult family member (not counting children between the ages of 21 and 26 who can be included in your coverage) under your UC-sponsored health plan. If you cover an adult dependent relative under any of your UC-sponsored health plans, you may not enroll your spouse or domestic partner.

19. If I remove one or more family members from my coverage, will my benefits coverage category automatically change (for example, from family coverage to single coverage)?

If appropriate, your coverage category will be changed and your monthly premium will be reduced, if needed, at the time your family member(s) is de-enrolled from UC-sponsored health plans.

DOCUMENTATION TO PROVE ELIGIBILITY

20. Why is the University asking for documentation that includes personal financial information?

The University does not want and does not need any personal financial information to verify eligibility for benefits. Please black out all such information, including social security numbers, before sending it in.

21. How to submit a copy of a Federal Tax Return:

Please use a black marker to hide financial and Social Security Numbers on the tax return before submitting it to Secova Inc... (See sample Tax Return below.) Please note that it is a felony to falsify the information in IRS tax forms. You may black out information for the purposes of this review.

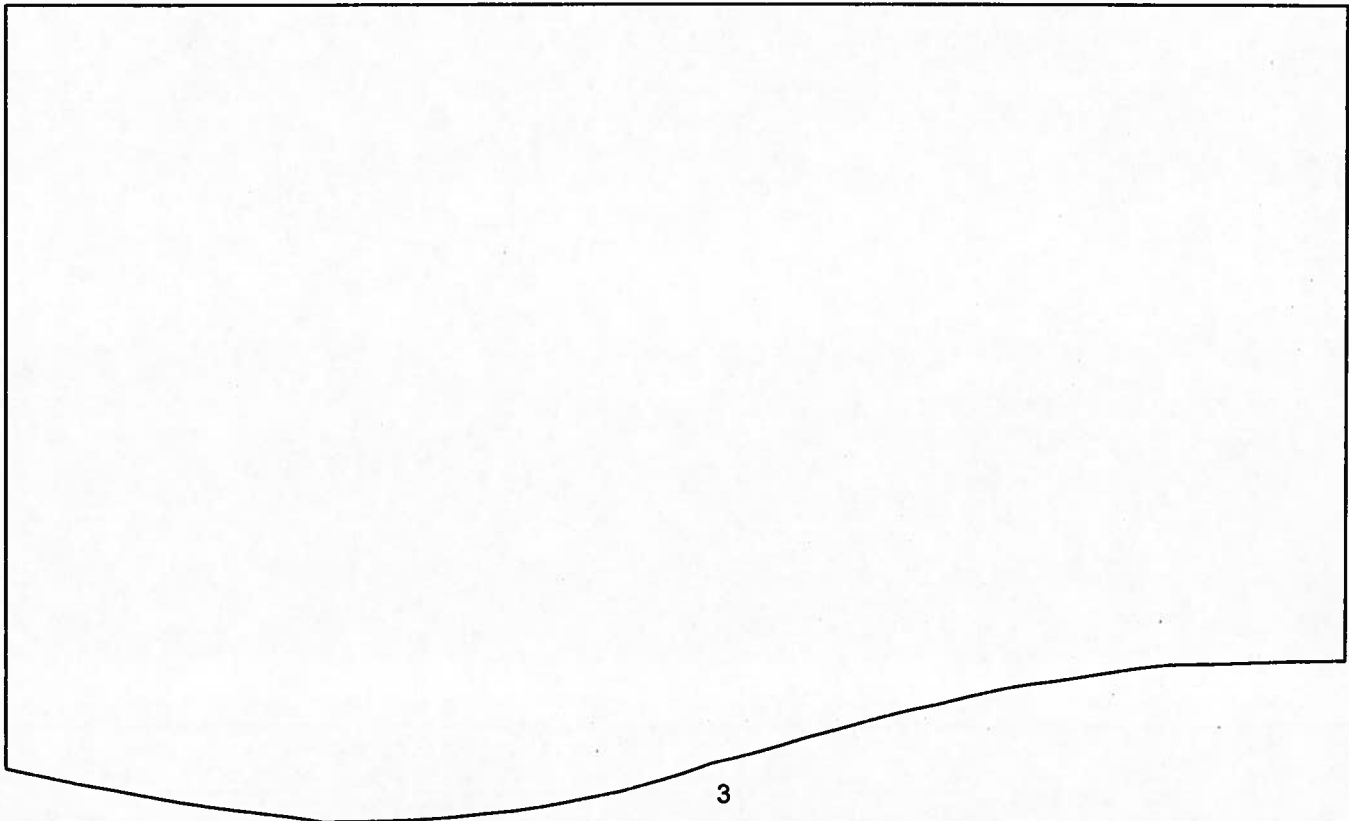
Information to be blacked out:

1. Social Security Number blacked out for you and your family members
2. Any financial information blacked out

Specific information required:

3. You and your spouse's full name
4. Your complete address
5. Filing status
6. Exemption (family members)
7. Your family member(s)' relationship to you
8. Signature page to show proof of filing

SAMPLE TAX FORM WITH FINANCIAL AND PERSONAL INFORMATION BLACKED OUT



22. What do I do if I am out of the country?

If you are out of the country you can contact Secova Inc. at 323-781-3921 to request an email copy of the Verification Packet. They will be happy to comply.

23. What if I am on sabbatical or vacation and do not have access to the required documentation?

Call Secova Inc. at 1-877-632-8126 (toll-free) or 323-781-3921 (from outside the US) to let them know about your issue. They will help to develop a solution for you.

24. Can electronically submitted tax return (such as Turbo Tax) be submitted as verification documentation?

Yes, in addition to the first page of your electronically filed tax return, we will also need a copy of the signature (transmission) page, or confirmation page which provides proof of e-filing.

25. If I want to add a family member to my coverage at a later date, will I be required to provide documentation at that time?

Yes. Going forward, the University of California will require documentation of any family member's eligibility at the time you enroll your eligible family member in UC-sponsored coverage.

26. How do I submit required documentation?

- **To avoid processing delays** - Write your Name, Member ID# (found in upper right hand corner of Cover Sheet) and UC in the top right hand corner of each document you submit.
- **Send copies only** - No originals.
- **Do not highlight or circle information on documents.**
- **Document proofs** - Birth Certificates, Marriage Licenses, etc. are to be copied and submitted on a single sheet, one sided. The back side is to remain blank.
- **Confidentiality** - Each health plan member should submit their own family member documentation. Do not submit family member documentation on behalf of other health plan members.
- **Sending multiple verification documentation** - Whether you are uploading, faxing or mailing the required documents, make sure each document is copied on its own separate page. (For example, if you are submitting a Marriage Certificate for your spouse and a Birth Certificate for your child, the Marriage Certificate should be copied onto one page and the Birth Certificate onto a second page.)
- **Faxing documents** - Make sure documents are placed in the proper position on the fax machine, either face up or face down (depending on the fax machine) to prevent sending blank documents. Blank documents cannot be processed and will result in the family member(s) being placed in a no response status. You are responsible for making sure that your fax is properly transmitted to Secova Inc.'s secure fax line. Please remember to keep a copy of your fax confirmation page for future reference.
- **Mailing documents** - Use the enclosed prepaid envelope. You may need to use an additional envelope for submitting multiple documents. For speedy processing, do not staple, tape or clip your documents.

GENERAL QUESTIONS ABOUT SECOVA, INC.

27. What was the process for selecting Secova Inc.?

UC Human Resources worked with UC Procurement and followed standard procedures for contracting with an outside vendor. In contracting with Secova Inc., UC Human Resources followed the standard university process for selecting professional services, including review of proposals from a number of vendors. A Request for Proposal was developed; multiple vendors responded, proposals were reviewed, and finalists were interviewed before Secova Inc. was finally selected.

28. Is it true that Secova Inc. is an Indian company?

No. Secova Inc. with which the University of California has contracted, is an American company registered in Delaware with headquarters in California. It is a wholly owned subsidiary of Secova eServices, also a U.S. company registered in Delaware. The parent company of Secova eServices is Secova eServices Private Ltd., a company registered in India.

29. Why doesn't the material being mailed by Secova Inc. have the traditional University Seal? It does not look like it is from the University of California.

The University of California has recently changed its branding, in other words, it has changed its logo. The logo you see on the material being mailed by Secova Inc. is the approved new University of California logo.

30. Where will UC employee and retiree responses, verification data, and documentation be held?

- The New Jersey location, which UC representatives have visited, will be used to process and house the hard copy documents. Those documents will be destroyed on site at the end of the project.
- All electronic data is being held on Secova Inc. servers in Los Angeles, CA. Because Secova Inc. will continue to provide verification services to the University for its ongoing verification program, electronic data will continue to be housed by Secova Inc. in support of these services.

12

UNIVERSITY OF CALIFORNIA

Save Time! Complete Your Family Member Eligibility Verification Online!

Visit the University of California Family Member Eligibility Verification secure website at:
<https://verify.secova.com/uc>

You will be able to:

- View and print your Cover Letter, Definitions and Required Documents, and Frequently Asked Questions
- Complete and submit your Cover Sheet for Family Member Eligibility Verification
- Upload required documentation
- Monitor family member eligibility status
- Submit a request for assistance (a "First Aid Request") if you have questions about how to complete the verification process

How to log on:

1. Go to <https://verify.secova.com/uc>.
2. Follow the instructions on the screen to enter your member ID# and password. Your member ID# is found in the upper right hand corner of the Cover Sheet for Family Member Eligibility Verification. The first time you log into the system your password will be your date of birth (MMDDYYYY) and the last 4 digits of your member ID# (no dashes or spaces). You will be prompted to change your password once you have confirmed your email address.
3. Once you successfully enter your member ID# and password, you will be taken to the Email Verification screen. Enter your email address – re-type it to confirm. You may use your work or personal email address, whichever you prefer.
4. Once you confirm your email address and click submit, you will see the Thank You page.
5. You will receive an email from DependentVerification@Secova.com with a system-generated passcode to finish the authentication.
6. The email will provide a link to the Member Passcode Login page and a passcode to enter. Passcodes are case sensitive.
7. Click on the link in the email and enter the system-generated passcode on the Member Passcode Login page.
8. If you do not receive an email, please check your spam/junk mail folder.
9. Please make sure to add DependentVerification@Secova.com to your approved contacts.
10. The first time you log in to this site, you will be required to complete the steps to change your password.
11. After you have successfully changed and confirmed your new password, the system will take you to the main menu to begin your family member eligibility verification.

Special Instructions for uploading documents:

- All documents must be scanned and uploaded in one of the following formats: .PDF, .JPG, .TIF, .GIF, or .PNG.
- Scanned and uploaded documents should be no larger than 10MB per file.
- The Family Member Verification Management System supports Internet Explorer 7 or above, Firefox 3.0 or above and Google Chrome.

Need Assistance?

If you are having trouble at any time after you have logged in, you can click on the First Aid icon at the bottom of every web page. The Member First Aid form will open up and you will be able to provide a detailed description of the problem you are experiencing. Once you complete the form, your help request will be forwarded to our member support team and a call center representative will contact you within one business day. If you need immediate assistance, you can call Secova at 1-877-632-8126 (toll-free) or 323-781-3921 (for calls outside the US). Representatives are available 24 hours a day, 7 days a week. Your call is confidential.

13

UNIVERSITY OF CALIFORNIA

April 16, 2012

Dear UC Health Plan Member:

To date, Secova has not received your *Cover Sheet for Family Member Eligibility Verification* or any required documentation to verify the eligibility of your family member(s) currently enrolled in UC-sponsored health plans.

Urgent action is required by you to avoid de-enrollment of you and your family members. Please sign and return the *Cover Sheet for Family Member Eligibility Verification* with the required documents to Secova by May 17, 2012. If you have already submitted your *Cover Sheet for Family Member Eligibility Verification* and required documents, please disregard this notice.

Secova enforces a strict company privacy policy to ensure that the information you submit by any method including paper, electronic, and telephonic remains secure.

WHAT YOU NEED TO DO

1. **REVIEW** the enclosed *Definitions and Required Documents* to confirm your currently enrolled family member(s) meets the eligibility requirements and to identify what documentation you are required to submit;
2. **OBTAIN** the appropriate documentation for each family member listed on the enclosed *Cover Sheet for Family Member Eligibility Verification* and make copies. Do not submit original documents. Write your name, member ID# and UC in the top right hand corner of the copy of each document you submit. **See the *Cover Sheet for Family Member Eligibility Verification* for your member ID#; it is in the upper right hand corner.**
3. **SUBMIT DOCUMENTATION**
 - **ONLINE:** Visit the University of California Family Member Eligibility Verification secure website at <https://verify.secova.com/uc> for instructions on completing the Cover Sheet and submitting your required documents online; OR
 - **BY FAX OR MAIL:** (complete all of the following steps)
 - **COMPLETE, SIGN AND DATE** the enclosed *Cover Sheet for Family Member Eligibility Verification*;
 - **FAX** your documents to Secova toll-free at 1-866-412-0214; OR **MAIL** the completed and signed *Cover Sheet for Family Member Eligibility Verification* with copies of required eligibility documentation to Secova using the enclosed prepaid envelope. If you mail the Cover Sheet, please keep a copy for your records.

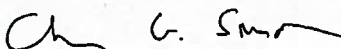
If you have questions,
please call Secova at
1-877-632-8126 (toll-free).
Representatives are available
24 hours a day, 7 days a week.
Your call is confidential.

All documents must be received no later than May 17, 2012.

Once you've completed the verification process, you will receive confirmation on the verification status of your family member(s) from Secova. Please contact Secova at 1-877-632-8126 (toll-free) or 323-781-3921 (for calls outside the US) if you have any questions during this process. Representatives are available to assist you 24 hours a day, 7 days a week. Translation services are available for Spanish and 150 other languages. **If you do not respond to this request for verification, you and all of your covered family members will risk being de-enrolled from UC-sponsored coverage.**

Thank you for your time and responsiveness. Your cooperation during this process will help UC to control costs and protect benefits for you and your eligible family members.

Sincerely,



Christopher G. Simon
Director, HR Compliance

14

UNIVERSITY OF CALIFORNIA

16 de abril de 2012

Estimado Miembro de los Planes de Salud de UC:

Hasta la fecha Secova no ha recibido su *Cover Sheet for Family Member Eligibility Verification* o alguno(s) de los documentos requeridos para verificar la elegibilidad de los miembros de su familia actualmente inscritos en los planes de salud patrocinados por UC.

Se le requiere acción urgente para evitar el desenrolamiento de usted y de los miembros de su familia. Por favor firme y devuelva la ***Cover Sheet for Family Member Eligibility Verification*** con los documentos requeridos a Secova, ***hasta el 17 de Mayo de 2012. Si ya envió su Cover Sheet for Family Member Eligibility Verification y los documentos requeridos, por favor ignore esta carta.***

Secova aplica una estricta política de seguridad para asegurar que la información que remita por cualquier método, incluyendo papel, electrónico o fax permanezca segura.

LO QUE USTED DEBE HACER

1. **REVISE** el adjunto *Definiciones y Documentos Requeridos* para confirmar que los miembros de su familia actualmente inscritos, cumplen los requisitos de elegibilidad y para identificar la documentación que usted es requerido de enviar;
2. **OBTENGA** la apropiada documentación para cada miembro de la familia listado en el adjunto (*Hoja de Cubierta para Verificación de Elegibilidad de los Miembros de la Familia*) y haga copias. No remita documentos originales. Escriba su nombre, # de Identificación y UC en la esquina superior derecha de cada copia de documento que usted remita. ***Revise la Hoja de Cubierta para Verificación de Elegibilidad de los Miembros de la Familia por su # de Identificación; se encuentra en la esquina superior derecha.***
3. **REMITA LA DOCUMENTACIÓN**
 - **EN LÍNEA:** Visite el sitio Web seguro de Verificación de Miembros de la Familia de la Universidad de California en <https://verify.secova.com/uc> por instrucciones para completar la Hoja de Cubierta y como remitir los documentos requeridos en línea; **O**
 - **POR FAX O CORREO:** (complete todos los siguientes pasos)
 - **COMPLETE, FIRME Y FECHÉ** el adjunto (*Hoja de Cubierta para Verificación de Elegibilidad de los Miembros de la Familia*);
 - **REMITA POR FAX** sus documentos a Secova, sin cargo al 1-866-412-0214; **O REMITA POR MAIL** la *Hoja de Cubierta para Verificación de Elegibilidad de los Miembros de la Familia* completada y firmada con copias de la documentación de elegibilidad requerida a Secova, usando el sobre pre-pagado adjunto. Si remite por correo la Hoja de Cubierta, por favor guarde una copia para sus registros.

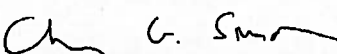
Si tiene preguntas, por favor llame a Secova al 1-877-632-8126 (sin cargo). Representantes están disponibles 24 horas al día, 7 días a la semana. Su llamada es confidencial.

Todos los documentos deben ser recibidos no después del 17 de Mayo de 2012.

Una vez que complete el proceso de verificación, recibirá una confirmación de Secova sobre el estado de verificación de los miembros de su familia. Por favor llame a Secova al 1-877-632-8126 (sin cargo) o 323-781-3921 (Para llamadas fuera de los Estados Unidos) si tiene preguntas durante este proceso. Representantes están disponibles para ayudarle 24 horas al día, 7 días a la semana. Servicios de traducción están disponibles en español y otros 150 idiomas. **Si no responde a esta solicitud de verificación, usted y todos los miembros de su familia cubiertos correrán el riesgo de perder la inscripción en la cobertura patrocinada por UC.**

Gracias por su tiempo y sensibilidad. Su cooperación durante este proceso ayudara a UC a controlar los costos y proteger los beneficios de usted y los miembros de su familia elegibles.

Sinceramente,



Christopher G. Simon
Director, HR Compliance

15

UNIVERSITY OF CALIFORNIA

Thank you for submitting your *Cover Sheet for Family Member Eligibility Verification*. Your *submission initiates* the University of California Family Member Eligibility Verification process. Please send the required documents for all eligible family members by May 17, 2012. Make sure you write your Name, Member ID# and UC in the top right corner of all documents you send. You can find your Member ID# at the top of the *Cover Sheet*.

To Send Your Documents

- Upload online to the University of California Family Member Eligibility Verification secure website at <https://verify.secova.com/uc>
- Fax: 1-866-412-0214 (toll-free)
- Mail: Secova Service Center
PO Box 1901
Wall, NJ 07719-9966

If you have questions,
please call Secova at
1-877-632-8126 (toll-free).
Representatives are available
24 hours a day, 7 days a week.
Your call is confidential.

This reminder will be sent to you every seven (7) days until Secova receives your required documents. **Please ignore this message if you have already sent your documents.** When you complete the verification process, Secova will send you confirmation of the status of your family member(s) enrolled in UC-sponsored coverage.

Remember, if you do not send Secova proof of eligibility by May 17, 2012, you risk having your family member(s) de-enrolled from UC-sponsored coverage.

Your help during this process is important. Thank you for your time.

PLEASE DO NOT RESPOND TO THIS MESSAGE BY CLICKING "REPLY" OR "REPLY TO ALL."
Instead, call the Secova call center at 1-877-632-8126 to contact a representative directly.

16

UNIVERSITY OF CALIFORNIA

Member ID #: a032456789



<Health Plan Member Name>
<Address 1>
<Address 2>
<City, State Zip>

<DATE>

Dear <Health Plan Member Name>,

Thank you for submitting documentation in response to the University of California Family Member Eligibility Verification project. Unfortunately, the documentation received is incomplete for the following reason(s):

Family Member	Document Type	Incomplete Reason	Action Required
SUZY R. SAMPLE	Cover Sheet for Family Member Eligibility Verification	Form unreadable	Complete the enclosed <i>Cover Sheet for Family Member Eligibility Verification</i> and resubmit.
SUZY R. SAMPLE	Marriage Certificate	Not issued by a recognized authority	Refer to the <i>Definitions and Required Documents</i> and submit an alternative document.
HENRY T. SAMPLE	Birth Certificate	Document does not meet requirements	Refer to the <i>Definitions and Required Documents</i> and submit alternative documentation.

To verify the eligibility of your family member(s) please provide the required documents listed above to ensure your enrolled family member(s) remains covered under UC-sponsored health plans.

Documents may be:

- **faxed** to Secova at 1-866-412-0214,
- **scanned and uploaded** to the University of California Family Member Eligibility Verification secure website at <https://verify.secova.com/uc>, or
- **mailed** to Secova Service Center, PO Box 1901, Wall, NJ 07719-9966.

Please respond to Secova by May 17, 2012. If you have questions or need help in responding to this request please contact Secova toll-free at **1-877-632-8126**. **Representatives are available 24 hours a day, 7 days a week to assist you.** If you have already responded by submitting new or updated documents/forms, please disregard this notice.

Upon completion of the verification process, you will receive confirmation of the verification status of your family member(s) from Secova.

Thank you for your time and responsiveness. Your cooperation helps to ensure that UC-sponsored coverage continues for eligible employees, retirees and their eligible family member(s).

Sincerely,

Secova Family Member Verification Department

17

UNIVERSITY OF CALIFORNIA

<DATE>

Dear <Health Plan Member Name>,

Thank you for submitting documentation to verify the eligibility of your family member(s) currently enrolled in UC-sponsored health plans. Secova is in the process of reviewing this documentation and will notify you of the eligibility status of your family member(s) within the next ten (10) business days.

The University of California appreciates your efforts in this process. Should you have questions regarding the verification process, please contact Secova toll-free at 1-877-632-8126. Representatives are available to assist you 24 hours a day, 7 days a week. Translation services are also available.

Respectfully,

Secova Family Member Verification Department

PLEASE DO NOT RESPOND TO THIS MESSAGE BY CLICKING "REPLY" OR "REPLY TO ALL." SUCH ATTEMPTS WILL NOT REACH THE INTENDED RECIPIENT.

18

UNIVERSITY OF CALIFORNIA

Member ID #: a032456789



<Health Plan Member Name>

<Address 1>

<Address 2>

<City, State Zip>

<DATE>

Dear <Health Plan Member Name>,

Thank you for submitting documentation in response to the University of California Family Member Eligibility Verification project. Unfortunately, the documentation received is incomplete for the following reason(s):

Family Member	Document Type	Incomplete Reason	Action Required
SUZY R. SAMPLE	Cover Sheet for Family Member Eligibility Verification	Form unreadable	Complete the enclosed <i>Cover Sheet for Family Member Eligibility Verification</i> and resubmit.
SUZY R. SAMPLE	Marriage Certificate	Not issued by a recognized authority	Refer to the <i>Definitions and Required Documents</i> and submit an alternative document.
HENRY T. SAMPLE	Birth Certificate	Document does not meet requirements	Refer to the <i>Definitions and Required Documents</i> and submit alternative documentation.

To verify the eligibility of your family member(s) please provide the required documents listed above to ensure your enrolled family member(s) remains covered under UC-sponsored health plans.

Documents may be:

- **faxed** to Secova at 1-866-412-0214,
- **scanned and uploaded** to the University of California Family Member Eligibility Verification secure website at <https://verify.secova.com/uc>, or
- **mailed** to Secova Service Center, PO Box 1901, Wall, NJ 07719-9966.

Please respond to Secova by June 30, 2012. If you have questions or need help in responding to this request please contact Secova toll-free at **1-877-632-8126** or **323-781-3921** (for calls outside the US). Representatives are available 24 hours a day, 7 days a week to assist you. If you have already responded by submitting new or updated documents/forms, please disregard this notice.

Upon completion of the verification process, you will receive confirmation of the verification status of your family member(s) from Secova.

Thank you for your time and responsiveness. Your cooperation helps to ensure that UC-sponsored coverage continues for eligible employees, retirees and their eligible family member(s).

Sincerely,

Secova Family Member Verification Department

19

Dear UC Health Plan Member:

Please refer to the enclosed verification packet of information and follow the instructions to complete the verification of your family member(s). The deadline for submitting documents was May 17, 2012; however, UC is providing a grace period until June 30, 2012 for you to comply.

To take advantage of the grace period, you must either fax the required documentation to Secova Inc. immediately at 1-866-412-0214, or scan and upload to <https://verify.secova.com/uc>, or mail to Secova Service Center, PO Box 1901, Wall, NJ 07719-9966. If you do not provide the necessary documents, your family members will be de-enrolled. If you do not respond at all, you risk de-enrollment yourself.

Upon completion of the verification process, you will receive confirmation of the verification status of your family member(s) from Secova. If you have any questions, please contact Secova Inc. at 1-877-632-8126 (toll-free) or 323-781-3921 (for calls outside the US). Representatives are available to assist you 24 hours a day, 7 days a week.

Dear UC Health Plan Member:

Please refer to the enclosed verification packet of information and follow the instructions to complete the verification of your family member(s). The deadline for submitting documents was May 17, 2012; however, UC is providing a grace period until June 30, 2012 for you to comply.

To take advantage of the grace period, you must either fax the required documentation to Secova Inc. immediately at 1-866-412-0214, or scan and upload to <https://verify.secova.com/uc>, or mail to Secova Service Center, PO Box 1901, Wall, NJ 07719-9966. If you do not provide the necessary documents, your family members will be de-enrolled. If you do not respond at all, you risk de-enrollment yourself.

Upon completion of the verification process, you will receive confirmation of the verification status of your family member(s) from Secova. If you have any questions, please contact Secova Inc. at 1-877-632-8126 (toll-free) or 323-781-3921 (for calls outside the US). Representatives are available to assist you 24 hours a day, 7 days a week.

20



URGENT: IMMEDIATE ACTION REQUIRED

WE WANT TO MAKE SURE YOU AND YOUR FAMILY MEMBERS ARE NOT DE-ENROLLED FROM UC-SPONSORED HEALTH INSURANCE. YOU MUST SUBMIT DOCUMENTS BY JUNE 30, 2012 TO AVOID RISKING DE-ENROLLMENT OF YOU AND ELIGIBLE FAMILY MEMBERS.

<Health Plan Member Name>
<Address 1>
<Address 2>
<City, State Zip>

Note: If you have recently had all of your family members verified and are receiving this notice, it may be because this letter was mailed before your documents were received. To confirm that Secova Inc. has received your documentation and to check the status of your family member verification, visit <https://verify.secova.com/uc> or contact Secova Inc. at 1-877-632-8126 (toll-free) or 323-781-3921 (for calls outside the US). Please allow 10 business days for mailed documents and 5 business days for uploaded or faxed documents to show on the web site as having been processed.

June 1, 2012

Dear UC Health Plan Member:

Beginning in March, we initiated a Family Member Eligibility Verification process to ensure that all enrolled family members meet the University of California health plan eligibility requirements. We asked that you review the *Definitions and Required Documents* and submit proof of eligibility for all family members enrolled in UC-sponsored health plans.

To date, Secova Inc. has not received the required documentation necessary to verify the eligibility of your family member(s) enrolled in UC-sponsored coverage, OR the documentation submitted was insufficient to verify eligibility for the family member(s). The deadline for submitting documents was May 17, 2012; however, UC is providing a grace period until June 30, 2012 for you to comply.

To take advantage of the grace period, you must either fax the required documentation to Secova Inc. immediately at 1-866-412-0214, or scan and upload to <https://verify.secova.com/uc>, or mail to Secova Service Center, PO Box 1901, Wall, NJ 07719-9966. If you do not provide the necessary documents, your family members will be de-enrolled. If you do not respond at all, you risk de-enrollment yourself.

Family Member Status:

Family Member Name	Relation	Eligibility Status
JANE A. SAMPLE	Spouse	Incomplete
BILLY D. SAMPLE	Child	Not Eligible
SUSAN R. SAMPLE	Child	No Contact

The status of the family member(s) listed below has been verified:

Family Member Name	Relation	Eligibility Status
MICHAEL A. SAMPLE	Child	Eligible for coverage

If you have any questions, please contact Secova Inc. at 1-877-632-8126 (toll-free) or 323-781-3921 (for calls outside the US). Representatives are available to assist you 24 hours a day, 7 days a week.

Thank you for your attention to this matter. Your cooperation during this process will help UC to control costs and protect benefits for you and your eligible family members.

Sincerely,

Christopher G. Simon
Director, HR Compliance

21



URGENTE: SE REQUIERE ACCIÓN INMEDIATA

QUEREMOS ASEGURARNOS QUE USTED Y LOS MIEMBROS DE SU FAMILIA NO SEAN DADOS DE BAJA DE LOS PLANES DE SEGURO DE SALUD PATROCINADOS POR UC. USTED DEBE ENVIAR SUS DOCUMENTOS HASTA EL 30 DE JUNIO DE 2012 PARA EVITAR RIESGOS DE LA BAJA DE USTED Y LOS MIEMBROS ELEGIBLES DE SU FAMILIA.

<Health Plan Member Name>
<Address 1>
<Address 2>
<City, State Zip>

Nota: Si usted recientemente ha verificado a los miembros de su familia y esta recibiendo esta carta, podría ser porque esta carta fue enviada antes que sus documentos fueron recibidos. Para confirmar que Secova Inc. ha recibido su documentación y revisar el estado de verificación de los miembros de su familia, visite <https://verify.secova.com/uc> o llame a Secova Inc. al 1-877-632-8126 (sin cargo) o 323-781-3921 (para llamadas fuera de US). Por favor espere 10 días hábiles por documentos enviados por correo y 5 días hábiles por documentos cargados en el sistema o remitidos vía fax para poder mirarlos en la página web como procesados.

01 de Junio de 2012

Estimado Miembro del Plan de Salud UC:

A partir de Marzo, iniciamos el proceso de Verificación de Elegibilidad de Miembros de Familia, para asegurar que todos miembros de familia enrolados cumplen con los requisitos de elegibilidad del plan de salud de University of California. Se le pidió revisar las Definiciones y Documentos Requeridos y enviar prueba de elegibilidad de todos los miembros de la familia enrolados en los planes de salud patrocinados por UC.

A la fecha, Secova Inc. no ha recibido la documentación requerida para verificar la elegibilidad de los miembros de su familia enrolados en la cobertura patrocinada por UC, **Q** la documentación enviada no fue suficiente para verificar la elegibilidad de los miembros de familia. La fecha final para enviar los documentos fue el 17 de Mayo de 2012; sin embargo, UC le da un periodo de gracia hasta el 30 de Junio de 2012 para que pueda cumplir con el envío.

Para aprovechar el periodo de gracia, debe enviar por fax la documentación requerida a Secova Inc. inmediatamente al 1-866-412-0214, o escanearla y cargarla en <https://verify.secova.com/uc>, o remitirla por correo a Secova Service Center, PO Box 1901, Wall, NJ 07719-9966. Si usted no remite la documentación necesaria, los miembros de su familia serán dados de baja. Si usted no responde en absoluto, corre el riesgo de darse de baja usted mismo.

Estado de los Miembros de Familia:

Nombre del miembro de familia	Relación	Estado de Elegibilidad
JANE A. SAMPLE	Cónyuge	Incompleto
BILLY D. SAMPLE	Hijo	No Elegible
SUSAN R. SAMPLE	Hija	No Contactado

El estado de los miembros de familia a continuación han sido verificados:

Nombre del Miembro de Familia	Relación	Estado de Elegibilidad
MICHAEL A. SAMPLE	Hijo	Elegible para cobertura

Si tiene preguntas, por favor llame a Secova Inc. al 1-877-632-8126 (sin cargo) o 323-781-3921 (para llamadas fuera de US). Representantes están disponibles para ayudarlo 24 horas al día, 7 días a la semana.

Muchas gracias por su atención a este asunto. Su cooperación durante este proceso ayudara a UC a controlar los costos, proteger sus beneficios y de los miembros elegibles de su familia.

Sinceramente,

Christopher G. Simon
Director, HR Compliance

22



UNIVERSITY OF CALIFORNIA

<Health Plan Member Name>
<Address 1>
<Address 2>
<City, State Zip>

<Date>

Dear <Health Plan Member Name>,

Thank you for your recent participation in the University of California Family Member Eligibility Verification project. We appreciate your cooperation in supplying documents needed to establish the eligibility status of your family member(s) enrolled in UC-sponsored health plans.

This notice serves as confirmation of the status of your enrolled family member(s) based on the documentation you submitted.

<u>Family Member Name</u>	<u>Relation</u>	<u>Eligibility Status</u>
JANE A. SAMPLE	Spouse	Eligible for Coverage
BILLY F. SAMPLE	Child	Not Eligible/De-enrolled
SUZY R. SAMPLE	Child	Eligible for Coverage

At this time, no further action is required. If you have questions regarding the results of this Family Member Eligibility Verification Review, contact Secova by calling 1-877-632-8126 (toll-free) or 323-781-3921 (for calls outside the US). Representatives are available to assist you 24 hours a day, 7 days a week.

Your participation in this process helps us maintain the integrity of our health plans so we are able to provide the highest quality coverage for you and your eligible family members.

Sincerely,

Christopher G. Simon
Director, HR Compliance