

FAQs

Q: Why is my employer conducting a dependent verification?

A: To make sure everything is being done to contain costs related to health care coverage under the company health plans. It's wise and responsible to review the eligibility of the people covered under the plan. Allowing the coverage of people who aren't eligible puts the company and all eligible employees at financial risk.

Q: Who must complete and return the required documentation?

A: All employees who cover a dependent (for example, a spouse or child) through the company health plans

Q: What documents do I need to prove eligibility? Where can I get them?

A: You'll need a legal document that shows your relationship to the eligible person. Examples include marriage, birth, and adoption certificates. If you need help getting birth or marriage records, you can find phone numbers for state, county clerk, and foreign embassy and consulate offices on this site.

Q: If a dependent isn't eligible for benefits, where can I go to get medical and dental coverage?

A: Many individual policies are available for people who aren't eligible for company health plans. These plans are offered by individual carriers, not by the Dependent Verification Center.

Q: What happens if I don't return the required documentation?

A: Any unverified dependents will be dropped from coverage.

Q: If I drop dependents, will they be eligible for continued coverage through COBRA?

A: Only dependents who lost their eligibility within the last 60 days due to a COBRA-qualifying event will have COBRA rights. Dropping coverage for someone who was never eligible is not a COBRA-qualifying event.

Q: I missed the deadline to submit my documentation. What do I do?

A: Reminders (which can include letters and emails) are sent to employees who didn't respond to the first notice. The verification requirements state that you must respond by the deadline. If you don't submit your documents in time, your dependents will lose coverage under your company health plan.

Q: Why isn't my joint tax return sufficient to prove my legal spouse? Why is a government-issued marriage certificate required?

A: There are 2 parts to verifying a legal spouse:

1. The marriage certificate verifies the start of the relationship.
2. The tax return or proof of joint ownership proves that the relationship still exists.

Q: My dependent has been covered on my health plan for years. Why do I need to submit documentation now?

A: Your employer has a responsibility to all employees to ensure that its plans are only covering eligible dependents.

Q: Why isn't the short-form birth certificate acceptable to verify my dependent?

A: The birth certificate is used to establish the parent/child relationship. The long-form birth certificate is required because it includes the parents' names. This information verifies that they are the biological parents of the dependent.

Q: My employer conducted dependent verification within the past several years. Why is verification being conducted so soon?

A: Other employers have discovered that a high number of previously ineligible dependents re-enroll in their group health plans, which leads to higher costs for all employees. The verification helps ensure that only eligible dependents are enrolled.

Q: How long does it take to get a government-issued birth or marriage certificate (a vital record)?

A: If you need a vital record from a state, county, foreign embassy, or consulate, order your documentation early in the process. Some offices can take several weeks to issue a vital record.

Q: My vital record states that copying it is prohibited. What do I do?

A: If photocopying isn't allowed, request the noncertified vital record and submit it via the U.S. mail.

Q: Whom can I contact for more information?

A: If you have questions, choose the Contact Us link at the bottom of any page on this site.

Appeals

Q: Where can I find the appeals fax number and address?

A: You can find this information by choosing the Contact Us link at the bottom of any page on this site.

Q: How do I submit an appeal?

A: If your dependents weren't verified, you can submit an appeal on this site. Just choose the Appeal button from the message on the Home page and follow the steps.

Q: Will my confidential information be kept secure?

A: Strict security measures are in place to ensure the integrity of your personally identifiable information. For more information about how your information is kept safe, choose the Security and Privacy Policy link at the bottom of this page.

Q: How will I know if my appeal was received?

A: You can check the status of your appeal on the Home page of this site.

Q: What happens if I submit my appeal without all the correct documentation?

A: If any information is missing or incomplete, you'll be notified via letter and/or on this site. The notification will list what information is still needed and give a deadline for submitting it.

Tip: The Eligibility Documents link on this site explains what needs to be sent for each dependent.

Q: What happens if I don't supply the requested documentation?

A: If your documentation isn't submitted by the deadline, your appeal might be denied.

Q: When will I know if my appeal is approved?

A: You'll be notified about the decision after your documentation is reviewed against the plan requirements. A decision will be made no later than 30 calendar days after your request is received. You can check the status of your appeal on the Home page of this site.

Q: How will I be notified of the outcome?

A: If you chose paperless, electronic delivery, you could receive a confirmation on this site. (Some information still might be sent by postal mail to your address on file.) If you receive a confirmation on this site, you can access it from the Letters tab on the Home page.

If you didn't choose paperless delivery, a confirmation will be sent by postal mail.

Q: Why was my appeal denied? What can I do now?

A: You might not have responded by the deadline or didn't submit sufficient documentation. If the denial letter you received included directions to file a level 2 appeal, send your appeal to the address listed in that letter.

Q: Can the [Service Center Name] tell me which documents I've submitted?

A: Yes. The [Service Center Name] can provide you with this information.

Q: Will all my dependents be covered again?

A: Reinstatement isn't guaranteed and will be determined when your appeal is reviewed.

Q: My appeal was approved. When will my dependents be covered?

A: The approval confirmation will include the reinstatement date and other supporting information.

Q: I had medical expenses while my coverage was inactive. What do I do?

A: You or your health care provider can resubmit the charges to your insurance company for review and reimbursement, if applicable.