

DEPENDENT VERIFICATION SERVICES  
P.O. BOX 1415  
LINCOLNSHIRE, IL 60069-1415

Return Service Requested

SALLY TEST  
123 MAIN AVENUE  
ANYTOWN, AL 22222

**Your Action Needed**

Documentation must be received by  
May 15, 2021



**TIME SENSITIVE MATERIALS ENCLOSED**

The UAW Retiree Medical Benefits Trust (the "Trust") is legally obligated to use its assets to provide health care coverage only for the benefit of eligible UAW retirees and their families.

In order to validate all dependents, including spouses, are eligible for coverage, periodic audits are performed to confirm the Trust's Dependent Eligibility Rules are being met. This ensures that Trust funds are being used correctly and that the Trust is not paying benefits to people who are not entitled to them.

We are working with a company called Dependent Verification Services (DVS) to assist us in this process and are requesting your help to confirm any dependent listed below is eligible for Trust coverage. In order to do this, we need you to send in copies of the required documents for each dependent by **May 15, 2021**. Please note that any documents provided cannot be returned.

Your dependent may lose coverage if we do not receive your documentation by the deadline. In addition, documentation that is not sufficient to show your dependent's eligibility may also result in loss of coverage for your dependent.

Here are the dependent(s) that need to be verified:

Name	Status	Due Date
John Test	Not verified	May 15, 2021



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## **What you need to do**

Please send copies of the Required Documents listed next to each Dependent Type below by May 15, 2021. If you have questions or need any assistance, do not hesitate to contact DVS by your preferred method outlined in the More Information section on the next page of this notice.

<p><b>Spouse</b></p> <ul style="list-style-type: none"> <li>• A spouse is defined as a same-sex or opposite-sex individual who is married to a Retiree with a valid marriage certificate.</li> </ul> <p><b>Same Sex Domestic Partner</b></p> <ul style="list-style-type: none"> <li>• A same sex domestic partner is defined as the retiree's sole partner in a long-term committed relationship, financially dependent and not legally married to anyone.</li> </ul>	<p><b>Required Documents</b></p> <ul style="list-style-type: none"> <li>• A copy of the first page of your most recent Federal tax return listing your spouse.</li> <li>• A copy of the Same Sex Domestic Partner Attestation Form (not required if legally married).</li> </ul>
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<p><b>Biological Child, Step Child or Adopted Child</b></p> <p>A dependent child is eligible if these 5 requirements are met:</p> <ol style="list-style-type: none"> <li>1. Relationship-Must be related by blood, adoption or marriage;</li> <li>2. Age-Must be under 26 years old;</li> <li>3. Marital Status-Must not be married;</li> <li>4. Residency-Must live with the retiree;</li> <li>5. Dependency-The retiree must be eligible to claim the dependent.</li> </ol>	<p><b>Required Documents</b></p> <ul style="list-style-type: none"> <li>• A copy of the first page of your most recent Federal tax return listing dependents claimed; AND</li> <li>• A copy of your dependent's Birth Certificate or adoption papers listing the retiree or current spouse as the parent; AND</li> <li>• A copy of current Proof of Residency for children over 5 years old, showing your dependent lives with you. <ul style="list-style-type: none"> <li>➤ Proof of residency examples: driver's license, state ID, child's report card or letter from the school with current address</li> </ul> </li> </ul>
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### **Submit the required documentation by using one of the methods below.**

1. **Upload** documents to the Dependent Verification Portal by using your computer or smartphone.

Expect a determination within 14 days.

Log on to the Dependent Verification Portal website at <https://digital.alight.com/rhcc> and click or tap on "Verify My Dependent Eligibility" alert.

2. **Secure Fax** to 1-877-965-9555 using the fax cover page included at the end of this notice.

Expect a determination within 14 days. A notification of your status will be sent by US mail or you can check the status online by creating an account on the Dependent Verification Portal explained above.

3. **US Mail to:**

Dependent Verification Center  
P.O. Box 1401  
Lincolnshire, IL 60069-1401

Include the fax cover page at the end of this notice with your documentation. You can expect a determination in the mail within 30 days. You can also check the status online by creating an account on the Dependent Verification Portal explained above.

All notifications of your status will be sent by US mail.

**FOR MORE INFORMATION**

If you have questions or require any assistance in providing the necessary documentation, please contact Dependent Verification Services.

There is an option to send a secure email through the portal at <https://digital.alight.com/rhcc> then go to 'Contact Us'.

OR

You can simply call the Dependent Verification Customer Care Center at 1-866-637-7555. They will be happy to assist you. Representatives are available Monday through Friday from 8 a.m. to 11 p.m. eastern time.

Dependent Verification Services also provides an online portal option where you can check your eligibility status after your documents are submitted.

Your assistance and prompt attention are greatly appreciated. Thank you for your cooperation.

UAW Retiree Medical Benefits Trust



**UAW Trust Same Sex Domestic Partner Attestation**

I, \_\_\_\_\_, hereby state that  
(participant first name) (participant last name)

\_\_\_\_\_ and I are:  
(domestic partner first name) (domestic partner last name)

- The same gender;
- In a continuous relationship that has lasted for at least six (6) months;
- Intending to have a continuous relationship indefinitely;
- Not in a relationship with anyone else, including being married to a third party;
- Jointly responsible for each other's welfare and financial obligations;
- Residing in the same household;
- Not related by blood to a degree of kinship that would prevent marriage from being recognized under the laws of our state of residence;
- At least 18 years old and legally competent to enter into a contract.

I understand it is my responsibility to remove my partner by calling the Retiree Health Care Connect at **866-637-7555**, if we are no longer in a committed relationship.

**I understand and agree to repay promptly all monies for claims or premiums for any ineligible person I enroll, and for services my dependents or I were not entitled to, as determined by the Trust.**

I declare the above information to be true and accurate to the best of my knowledge.

Retiree's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

***If you and your partner are married, please check this box and return this form with a copy of your marriage certificate.***

The estimated value of the employer's financial contribution towards health insurance coverage for non-dependent same-sex partners will be reported to you by the Trust annually.

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To speed up the processing of your information please make sure you include this form when you send documentation by fax or mail. Cover sheet is formatted for specified participant only. Inclusion of other participant documentation may result in a delay in processing. PLEASE ALLOW 14 DAYS UPON RECEIPT FOR DOCUMENT PROCESSING.

# Fax

To: **Dependent Verification Services**

From: **Sally Test**

Fax: **(877) 965-9555**

Pages:

Phone:

Date:

Re: **13081842**

Company: **The UAW Retiree Medical Benefits Trust**



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Please fax this sheet and accompanying documents to (877) 965-9555 (secure FAX line)

PLEASE NOTE: If you are mailing your documentation, please enclose this sheet with your documentation and mail to:

Dependent Verification Services  
P.O. Box 1401  
Lincolnshire, IL 60069-1401

### ***Dependent List***

<u>Name</u>	<u>Date of Birth</u>	<u>Relationship</u>
John Test	6/2/1975	Other

**IMPORTANT: Deadline to verify dependent(s) listed above is 5/15/2021**



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ANYTOWN, AL 22222



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