Dependent Eligibility Audit Guide

During the 2017 Legislative Session, the Florida Legislature directed the Department of Management Services (DMS) to contract for dependent eligibility verification services for the State Group Insurance Program.

A third-party vendor will administer the dependent eligibility verification services in the form of an audit to occur between December 1, 2017 and May 31, 2018. The Division of State Group Insurance (DSGI) contracted with the independent audit firm, Health Management Systems, Inc. (HMS), to verify that dependents enrolled in the State of Florida group health insurance plan meet eligibility guidelines to participate in the State Group Insurance Program. (s. 110.12301, F.S.)

If you received correspondence from HMS, you must respond to any requests for documentation to verify the eligibility of your dependent(s) to ensure that your dependent(s) will continue to receive benefits under the State of Florida group health insurance plan.

The deadline to submit all required documentation to HMS is Thursday, May 31, 2018. Failure to comply with audit requirements will result in your dependent(s) being removed from all of your state group insurances.

HMS Website: https://verifyos.com/
HMS Call Center: (877) 577-4549
HMS Fax Number: (877) 223-8478
REQUIRED DOCUMENTS
Personal information such as income information on the tax transcript and social security information (except in the case of a disabled child or a spouse if you filed as Married Filing Separately) may be marked out for confidentiality purposes. Please include a copy of the Verification Form, signed and dated, with all documentation submitted. The Verification Form was included in the correspondence that was sent to you from HMS.

FOR SPOUSE:
- If married less than 12 months and you and your spouse have not filed a joint federal income tax return, a government-issued marriage certificate.
- If you and your spouse have been married for 12 or more months, a Tax Return Transcript of your most recently filed (2016 or 2017) federal income tax return showing you filed as married, either jointly or separately.
  - A copy of your tax return (Form 1040) will not be sufficient.
  - You can request a copy of your transcript from the IRS at www.irs.gov/individuals/get-transcript or by calling the IRS at 1-800-908-9946.
    - Submit ONLY the first page, showing yours and your spouse’s names or the last four digits of their social security number and tax filing period.

FOR CHILDREN UP TO AGE 26:
- A copy of the child’s government-issued birth certificate or adoption certificate naming you or your spouse as the child’s parent(s); OR
- A copy of the court order naming you or your spouse as the child’s legal guardian or custodian. Document must list the first and last name of the child and parent(s).

FOR UNMARRIED CHILDREN AGE 26 UP TO AGE 30: All 3 items are required
1. A copy of the child’s government-issued birth certificate or adoption certificate naming you or your spouse as the child’s parent. Please note the document must list the first and last name of the child and parent(s); OR a copy of the court order naming you or your spouse as the child’s legal guardian or custodian.
3. One of the following documents:
   - If the child is not a resident of Florida, a document confirming the child’s enrollment in the Spring 2018 semester.
     - The document must include the name of the child, the name of the school, and the school term.
   - A bill or statement in the child’s name that is dated within the past 60 days and is mailed to the child at a Florida address.

FOR DISABLED CHILDREN:
- A copy of the child’s government-issued birth certificate or adoption certificate naming you or your spouse as the child’s parent OR a copy of the court order naming you or your spouse as the child’s legal guardian or custodian. Document must list the first and last name of the child and parent(s);
- AND a copy of your 2016 Federal Tax Transcript listing the dependent as your tax dependent.

*For a stepchild: If you are covering a stepchild, you must also provide documentation of your current relationship to your spouse as requested above.
Dependent Verification Audit Guide

Login to: https://verifyos.com/

Enter your reference number as indicated below. If you don’t have your reference number, click on ‘I lost my reference number.’

Once logged in, you can review your status, certify dependents are eligible, upload documents, and monitor the approval status of your document(s).
Dependent Verification Audit Guide

If you have been married for longer than 1 year, you will need to request an IRS tax transcript from 2016 or 2017 for your marriage to be verified. Transcripts can be requested at [https://www.irs.gov/individuals/get-transcript](https://www.irs.gov/individuals/get-transcript). Select how you would like to receive your transcript (online or by mail) and then follow the prompts.

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<thead>
<tr>
<th>Get Transcript Online</th>
<th>Get Transcript by Mail</th>
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**What You Need**

To register and use this service, you need:
- your SSN, date of birth, filing status and mailing address from latest tax return,
- access to your email account,
- your personal account number from a credit card, mortgage, home equity loan, home equity line of credit or car loan, and
- a mobile phone with your name on the account.

**What You Get**

- All [transcript types](https://www.irs.gov/individuals/get-transcript) are available online
- View, print or download your transcript
- Username and password to return later

**What You Need**

To use this service, you need your:
- SSN or [Individual Tax Identification Number (ITIN)](https://www.irs.gov/individuals/get-transcript),
- date of birth, and
- mailing address from your latest tax return

**What You Get**

- Return or Account [transcript types](https://www.irs.gov/individuals/get-transcript) delivered by mail
- Transcripts arrive in 5 to 10 calendar days at the address we have on file for you
Dependent Verification Audit Guide

STATE OF FLORIDA
SAMPLE LETTER

Date

Emp_Name
Street
Street2
City, St Zip

Dear Emp_Name,

The State of Florida has contracted with the independent audit firm, HMS, to verify that dependents enrolled in the State of Florida group health insurance plan meet eligibility guidelines. In order for your dependent(s) to continue to receive benefits under the State of Florida’s group insurance program, action is required by you to submit proof of their eligibility by date.

As a reminder, eligible dependents are defined in your benefits summary as:

- Your legal spouse.
- Your child, or a child of the surviving spouse of a deceased enrollee, up to age 26. A child is eligible for coverage until the end of the calendar year in which the child turns 26.
- Your child age 26 up to age 30 who is unmarried, has no dependents, has no other health insurance and is either a resident of Florida or a current student (full time or part time). An adult child is eligible for coverage until the end of the calendar year in which the child turns 30, as long as the child continues to meet the eligibility requirements.
- A child of any age who is incapable of self-sustaining employment because of an intellectual or physical disability and is dependent upon you for care and financial support.
- A newborn child of a covered dependent, up to age 18 months.

A child is defined as your biological child, stepchild, legally adopted child or child placed with you for adoption, a newborn child up to age 18 months and whose parent is your covered dependent, a child for whom you or your spouse has been appointed the legal guardian or awarded legal custody, a foster child, or a child for whom you are required to provide health insurance by a Qualified Medical Child Support Order.

If after reading the attached Frequently Asked Questions (FAQ) you still have questions, please feel free to call HMS at 1-877-577-4548 from 8 a.m. to 8 p.m. ET, Monday through Friday.

Thank you for your cooperation.

Para asistencia en español, por favor comuníquese con HMS al 1-877-577-4548.
REQUIRED DOCUMENTS

All required documents MUST contain the date (including year), employee’s name, and dependent’s name. Personal information such as income information and Social Security information (except in the case of a disabled child or a spouse if you filed Married Filing Separate) may be redacted for confidentiality purposes. Please include a copy of the Verification Form signed and dated with all documentation submitted.

FOR SPOUSE:
- If married less than 12 months and you and your spouse have not filed a federal income tax return as married, you will need to submit a copy of your government-issued marriage certificate, OR
- If you and your spouse have been married for 12 or more months, a Tax Return Transcript of your most recently filed (2016 or 2017) federal income tax return showing you filed as married, either jointly or separately. The tax return transcript is the only official record of the tax return that you filed with the IRS. A copy of your tax return (Form 1040) will not be sufficient. You can request a copy of your transcript from the IRS at www.irs.gov/individuals/get-transcript or by calling the IRS at 1-800-908-9946. Please submit ONLY the first page, showing yours and your spouse’s names or the last four digits of their social security number and tax filing period. All other information should be redacted. If you are unable to obtain your transcript, please contact HMS.

FOR CHILDREN UP TO AGE 26*:
- A copy of the child’s government-issued birth certificate or adoption certificate naming you or your spouse as the child’s parent. Please note the document must list the first and last name of the child and parent(s); OR
- A copy of the court order naming you or your spouse as the child’s legal guardian or custodian.
- For foster child: A copy of the records showing you or your spouse as the dependent’s foster parent.
- For a newborn child of a covered dependent up to age 18 months: A copy of the newborn’s government-issued birth certificate listing your covered dependent as the birth parent.

FOR UNMARRIED CHILDREN AGE 26 UP TO AGE 30*:
- A copy of the child’s government-issued birth certificate or adoption certificate naming you or your spouse as the child’s parent. Please note the document must list the first and last name of the child and parent(s); OR a copy of the court order naming you or your spouse as the child’s legal guardian or custodian; AND
- A copy of the Affidavit of Adult Child, AND
- One of the following documents:
  - A document confirming the child’s enrollment in the Spring 2018 semester. The document must include the name of the child, the name of the school, and the school term.
  - A bill or statement in the child’s name that is dated within the past 60 days and is mailed to the child at a Florida address.

FOR DISABLED CHILDREN AGE 26 AND OLDER*:
- A copy of the child’s government-issued birth certificate or adoption certificate naming you or your spouse as the child’s parent. Please note the document must list the first and last name of the child and parent(s); OR a copy of the court order naming you or your spouse as the child’s legal guardian or custodian, AND
- A tax return transcript of your most recently filed (2016 or 2017) Federal Tax return listing the dependent as your tax dependent (can be obtained from www.irs.gov/individuals/get-transcript or by calling the IRS at 1-800-908-9946).

*if you are covering a stepchild or a child for whom your spouse has legal guardianship, you must also provide documentation of your current relationship to your spouse as requested above.
Verification Form

Return this form with the required documentation

Name: Emp_name
PC or Mobile Upload: www.VerifyCS.com
Reference Number: EID
FAX: 877-223-8478

According to our records, the following dependent(s) are currently enrolled on your health insurance plan:

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<tr>
<th>Enrolled Dependent Name</th>
<th>Relationship</th>
<th>Does this person meet the definition of an eligible dependent?</th>
<th>If not eligible, please indicate the date of ineligibility.</th>
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<tr>
<td></td>
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<td>YES</td>
<td>NO</td>
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For dependents who do not meet the definition of an eligible dependent, no documentation is required, and the ineligible dependent will be removed from coverage.

To complete the verification process for eligible dependents, simply follow these steps:

- Collect copies of all required documents (listed on page 2) for each enrolled dependent.
- Sign and date the signature box below.
- Submit this form and copies of all required documents to HMS by date. Please ensure a copy of this form is included with all documents submitted.
- For faster processing, please submit required documents by uploading them via the web portal, www.VerifyCS.com, or by faxing them to 877-223-8478. If the web and fax are unavailable to you, documents may be mailed to HMS, P.O. Box 165308, Irving, TX 75016-9923. Please do not mail original documents.

By my signature on this form, I certify and warrant to the State of Florida that (1) all information on this form is true, correct, and current as of the date signed and (2) all "REQUIRED DOCUMENTS" that are submitted are authentic. I understand any attempt to maintain coverage for an ineligible dependent will be subject to appropriate disciplinary action.

Signature of Enrollee: __________________________ Date: ______________

*EID*