



Office of Human Resources
The Peralta Colleges
333 East Eighth Street
Oakland, CA 94606

<Sub_First_Name> <Sub_Last_Name>

<Sub_Address 1>

<Sub_Address 2>

<Sub_City>, <Sub_State> <Sub_Zip>

Dependent Documents due Friday, October 14, 2016



September 19, 2016

<Sub_First_Name2> <Sub_Last_Name2>
<Sub_Addr1-2>
<Sub_City2>, <Sub_State2> <Sub_Zip2>

Employee Audit I.D.: <Sub_Audit_ID>

Dear <Sub_First_Name3> <Sub_Last_Name3>:

As previously announced to you by Chancellor Jowel Laguerre, Peralta Community College District, has partnered with CoreSource to conduct an audit of health care plans to confirm that covered dependents meet the eligibility requirements of the plans. CoreSource is coordinating the audit of dependents currently enrolled in all Peralta group insurance medical, and dental plans: CoreSource, Kaiser, Delta Dental and the United Health Care Dental Plans. The purpose of this audit is to ensure plan compliance with regulations and Summary Plan Descriptions, as well as confirm that health care plan dollars are being spent appropriately.

The purpose of this audit is *not* to drop coverage for any family members that meet the plan definitions for eligibility. To ensure that coverage is continued for your eligible dependents, you are required to submit the appropriate documentation to CoreSource before **Friday, October 14, 2016**.

The following information is included in this packet to help you through the dependent verification process:

- **Dependent Coverage Summary Form -**
Lists all the dependents you have currently enrolled in one or more health plans.
- **Description of Eligible Dependents -**
Provides a description of eligible dependents as defined in the Summary Plan Descriptions.
- **Required Documentation Matrix -**
Describes the documentation that you must submit to verify eligibility for each type of dependent.
- **Frequently Asked Questions -**
Provides answers to some of the most frequently asked questions about the audit process
- **Affidavit of Domestic Partnership-** To be completed and notarized if you have a Domestic Partner currently covered on your health insurance.



Please follow the below steps to complete your portion of the audit:

1. Review the *Description of Eligible Dependents* to determine if any of your dependents are ineligible for coverage.
2. Assemble the required documentation as outlined on the *Required Documentation Matrix*.
 - a. Be sure to send photocopies of documents. Originals cannot be returned.
 - b. Mark out any personal financial information including Social Security numbers.
 - c. Write the Employee's Name and Audit ID Number (located at top of this letter) on each document.
 - d. Please retain a copy of all documentation and forms related to this audit for your records.
3. Complete the *Dependent Coverage Summary* form.
 - a. Check the appropriate box indicating whether each dependent is eligible or ineligible.
 - b. Sign, date, and copy this form for your records.
4. Send your *Dependent Coverage Summary* form and all required documentation to CoreSource using one of the following methods:
 - Mail it in the enclosed pre-addressed, postage-paid envelope via regular mail.
 - Mail it certified mail to confirm receipt at CoreSource.
 - Fax your information to CoreSource at 1-888-298-2065 and retain the fax confirmation notice to confirm receipt at CoreSource. This is a secure and dedicated fax.

A word about privacy: As a business partner of Peralta Community College District, we want to reassure you that the information you send to us will only be used for the purpose of this audit and for no other reason.

NOTE: All responses must be received by Friday, October 14, 2016.

We realize that verifying your dependent's eligibility requires additional effort on your part. We are happy to assist you and have included some helpful tips on obtaining the required documentation in your packet. Please call us at 1-866-434-1211 from 8:00 a.m. to 5:00 p.m. EST, Monday through Friday, or e-mail us anytime at DependentAuditsBalt@coresource.com with any questions regarding this process.

The Peralta Community College District appreciates your understanding and cooperation in completing this audit.

Sincerely,

CoreSource Dependent Eligibility Team

V-07

PERA16

Peralta Community College District Dependent Coverage Summary

Employee Name: <Sub_First_Name4> <Sub_Last_Name4>

Employee Audit ID: <Sub_Audit_ID>

Below please find a summary of your dependents that are currently enrolled in one or more benefits under the Peralta Community College District health plans. Please review this information carefully. If any dependents are missing, please notify the Peralta Community College District Benefits Office at (510) 466-7229 or email benefits@peralta.edu and specify

- the name of the dependent
- the date of birth of the dependent
- plan(s) the dependent should have been enrolled in
- dependents relationship to you

Please check either Eligible or Not Eligible for each dependent based on the *Description of Eligible Dependents* enclosed in this packet. All dependents that are deemed ineligible will be removed from the plan effective December 31, 2016.

LAST NAME	FIRST NAME	DOB	RELATIONSHIP	ELIGIBLE	INELIGIBLE

Please sign and date this form, and include a daytime telephone number and/or e-mail address where we can contact you if necessary. Be sure to make a copy of this form for your records and send the original form with all supporting documentation to the dependent audit administrator by

1. mail in the enclosed postage-paid envelope.
2. fax 1-888-298-2065.

NOTE: All responses must be received by Friday, October 14, 2016.

Employee Signature

Date

Daytime Telephone Number: _____

Daytime e-mail Address: _____



Peralta Community College District Description of Eligible Dependents

Below is a description of the dependents eligible for coverage:

1. The term "spouse" means the spouse of the employee under a legally valid existing marriage, as defined by the state in which the employee was legally married, unless court ordered separation exists.

The term "domestic partner" means that the dependent:

- a. Is the same or opposite sex as the employee;
- b. Is at least eighteen (18) years of age and competent to enter into a contract;
- c. Is not legally married or the domestic partner of another individual;
- d. Is not related to the employee by blood closer than which would bar marriage in the State of California;
- e. Has allowed at least six (6) months to pass since the termination of any previous domestic partnership; and
- f. Has lived as a couple with the employee in a shared residence for at least six (6) consecutive months.

Or, the requirements for registration of domestic partner status in the State of California are as follows (**registration process will be conducted at the California Secretary of State Office**):

- a. Both persons must have a common residence;
- b. Neither person may be married to someone else or have another domestic partner;
- c. The two individuals may not be related by blood in a way that would prevent them from being married to each other;
- d. Both individuals must be at least eighteen (18) years of age;
- e. Both individuals must be of the same sex, or one individual must be at least age sixty-two (62) and be qualified to receive Social Security retirement benefits or Supplemental Security Income (SSI) benefits. More details on filing can be found at www.ss.ca.gov/dpregistry.

2. The term "child" means the employee's or domestic partner's natural child, stepchild, legally adopted child, child placed for adoption, and a child for whom the employee or covered spouse/domestic partner has been appointed legal guardian, provided the child is less than twenty-six (26) years of age.

Note: Dependent children are eligible through the end of the month in which they attain the age of twenty-six (26).

3. An eligible child shall also include any other child of an employee or their spouse who is recognized in a Qualified Medical Child Support Order (QMCSO) or National Medical Support Notice (NMSN) which has been issued by any court judgment, decree, or order as being entitled to enrollment for coverage under this Plan. Such child shall be referred to as an alternate recipient. Alternate recipients are eligible for coverage regardless of whether the employee elects coverage for himself. An application for enrollment must be submitted to the employer for coverage under this Plan. The employer/plan administrator shall establish written procedures for determining whether a medical child support order is a QMCSO or NMSN and for administering the provision of benefits under the Plan pursuant to a valid QMCSO or NMSN. Within a reasonable period after receipt of a medical child support order, the employer/plan

administrator shall determine whether such order is a QMCSO, as defined in Section 609 of ERISA, or a NMSN, as defined in Section 401 of the Child Support Performance and Incentive Act of 1998.

The employer/plan administrator reserves the right, waivable at its discretion, to seek clarification with respect to the order from the court or administrative agency which issued the order, up to and including the right to seek a hearing before the court or agency.

4. A dependent child who was covered under the Plan prior to the end of the month in which the child reached twenty-six (26) years of age and who lives with the employee, is unmarried, incapable of self-sustaining employment and dependent upon the employee for support due to a mental and/or physical disability, will remain eligible for coverage under this Plan beyond the date coverage would otherwise terminate.

Proof of incapacitation must be provided within thirty-one (31) days of the child's loss of eligibility and thereafter as requested by the employer or claims processor, but not more than once every two (2) years. Eligibility may not be continued beyond the earliest of the following:

- a. Cessation of the mental and/or physical disability;
- b. Failure to furnish any required proof of mental and/or physical disability or to submit to any required examination.

Every eligible employee may enroll eligible dependents. However, if both the husband and wife are employees, they may choose to have one covered as the employee, and the spouse/domestic partner covered as the dependent of the employee, or they may choose to have both covered as employees. Eligible employees may be enrolled as both an employee and as a dependent. Eligible children may be enrolled as dependents of one spouse/domestic partner, but not both.



Peralta Community College District Required Documentation Matrix

The below matrix outlines the documentation options that you can submit to verify eligibility for each dependent enrolled with health coverage. Please note the following:

- Send photocopies only. **Do not send original documents.**
- Mark out any personal financial information such as income, Social Security Numbers, account balances, payment amounts, and so on.
- Write the Employee’s Name and Audit ID Number (located on cover letter) on each document.
- Retain a copy of all documentation and completed forms for your records.

Spouse	
<p style="text-align: center;">Please provide the following document to verify Proof of Relationship and Joint Ownership.</p> <ul style="list-style-type: none"> • First Page of Employee’s or Spouse’s Federal Tax Return Photocopy of the first page of the employee or spouse’s 2015 tax return showing “Married Filing Jointly” <i>or</i> “Married Filing Separately.” The spouse’s name must be entered on the employee’s tax form in the space provided after the “Married Filing Separately” status. <i>Note: This document satisfies both Proof of Relationship and Proof of Joint Ownership. Please mark out all financial information.</i> <p style="text-align: center;"><u>If you are unable to provide Employee or Spouse’s Federal Tax Return, please provide one document from each of the following columns to verify Proof of Relationship and Proof of Joint Ownership</u></p>	
Spouse or Domestic Partner	
<p>If unable to provide a Federal Tax Return, please provide <u>one</u> document from <u>each</u> column to verify Proof or Relationship and Proof of Joint Ownership.</p>	
Proof of Relationship Documents	Proof of Joint Ownership Documents
<ul style="list-style-type: none"> • Certified Marriage Certificate or License Photocopy of certified marriage certificate with appropriate signature and/or stamp/seal showing on photocopy or legally valid marriage license from appropriate state or local government. • Immigration Paperwork Photocopy of immigration papers with appropriate signature and/or stamp/seal showing on photocopy that identifies employee/spouse relationship. • Notarized Affidavit of Domestic Partnership Notarized Affidavit of Domestic Partnership. 	<ul style="list-style-type: none"> • Home Ownership Photocopy of mortgage statement dated within the past 3 months showing both names as mortgage holders/tenants. <i>Note: Please mark out all financial information.</i> • Joint Rental Property Photocopy of lease or rental agreement dated within the past 12 months showing both names as tenants. <i>Note: Please mark out all financial information.</i> • Home/Rental Insurance Photocopy of homeowner’s insurance, renter’s insurance, or property tax receipt dated within the past 12 months showing both names as mortgage holders/tenants. <i>Note: Please mark out all financial information.</i> • Bank Statement Photocopy of joint bank account statement dated within the past 3 months showing both names as account holders. <i>Note: Please mark out all financial information.</i>

Spouse or Domestic Partner – continued

Proof of Relationship Documents	Proof of Joint Ownership Documents
	<ul style="list-style-type: none"> <p>• Credit Card Statement Photocopy of credit card statement dated within the past 3 months showing both names as card holders. <i>Note: Please mark out all financial information.</i></p> <p>• Automobile Statement Photocopy of automobile title or registration dated within the past 12 months listing both names as co-owners.</p> <p>• Loan Statement Photocopy of a loan agreement dated within the past 12 months showing both names as co-borrowers. <i>Note: Please mark out all financial information</i></p> <p>• Miscellaneous Bills Photocopy of two different types of current bills dated within the past 3 months showing one of the spouse’s names on each bill and the same common mailing address, e.g. telephone bill, electric bill, cable bill. <i>Note: Please mark out all financial information.</i></p> <p>• Beneficiary Statement Photocopy of designation as the primary beneficiary for life insurance or retirement benefits. <i>Note: Please mark out all financial information.</i></p> <p>• Driver’s License Photocopy of the employee’s and spouse’s driver’s licenses listing a common address.</p>

Natural Child, Adopted Child, Step Child, Dependent Child by Custody, Court Order, or Guardianship

Please provide **one** document for each child to verify Proof of Relationship.

- **Federal Tax Return**
Photocopy of the first page of the employee's or spouse's 2015 Federal Tax return showing the child listed as an eligible dependent. *Note: Mark out all financial information.*
- **Certified Birth Certificate**
Photocopy of certified birth certificate with appropriate signature and/or stamp/seal showing on photocopy that identifies the parent/child relationship with the employee or spouse
- **Hospital Verification of Birth (Less than 6 months old)**
For children under 6 months old, photocopy of hospital verification of birth that identifies the employee or spouse as the child's parent
- **Certified Adoption Certificate**
Photocopy of certified court approved adoption document with appropriate signature and/or stamp/seal showing on photocopy that identifies the employee or spouse as the child's parent
- **Adoption Agreement**
Photocopy of placement letter/agreement from court or adoption agency that identifies the employee or spouse as the child's parent
- **Report of Birth Abroad**
Photocopy of report of birth abroad of a citizen of the United States (issued by the State Department with appropriate signature and/or stamp/seal showing on photocopy) that identifies the employee or spouse parent/child relationship
- **Court Ordered Health Coverage**
Photocopy of Qualified Medical Child Support Order (QMCSO)
- **Court Ordered Health Coverage**
Photocopy of National Medical Support Notice (NMSN)
- **Court Ordered Health Coverage**
Photocopy of court document with appropriate signature ordering child health coverage
- **Certified Divorce Decree**
Photocopy of certified Divorce Decree with appropriate signature and/or stamp/seal showing on photocopy that documents required child health coverage
- **Certified Legal Guardianship**
Photocopy of certified court ordered legal guardianship document with appropriate signature and/or stamp/seal showing on photocopy that documents required child health coverage
- **Immigration Paperwork**
Photocopy of immigration papers with appropriate signature and/or stamp/seal showing on the photocopy that identifies the parent/child relationship with the employee or spouse

Disabled Adult Child

For disabled dependent children, you must also provide one of the following:

- Photocopy of Social Security disability award letter
- Photocopy of current Social Security disability payment
- Photocopy of signed physician Health Care Statement for Disabled Dependents certifying that the dependent is incapable of self-sustaining employment and dependent upon the employee, spouse, or domestic partner due to a mental and/or physical disability. To request a blank Health Care Statement for Disabled Dependents, contact CoreSource at 1-866-434-1211 or via secure email at DependentAuditsBalt@coresource.com.



Dependent Eligibility Audit Frequently Asked Questions

1. I am currently enrolled in Kaiser, Delta or United HealthCare Dental Plan. Why am I sending documents to CoreSource?

Peralta has engaged the administrative services of CoreSource to conduct the audit. The scope of their services will include auditing the enrollment for all dependents enrolled in a Peralta group insurance plan.

2. Why are you asking me to verify my dependents now?

There are two primary reasons. First, we want to ensure plan compliance with regulations and our Summary Plan Descriptions. Second, we want to confirm that our health care plan dollars are being spent appropriately. Ineligible dependents that are using our health plans create higher costs for the company and for those participants who are eligible.

3. Who must comply with the audit?

All employees and/or retirees who cover a spouse, domestic partner, or child on a medical, on any group-sponsored Kaiser, Delta Dental, United Health Care Dental plan on or before June 30, 2016.

4. I do not have any dependents. Do I need to do anything?

No, you do not need to do anything. This announcement was for your information only. You will not receive a Dependent Eligibility Audit packet from CoreSource.

5. I have dependents who are not listed. Who should I contact?

Bring a copy of the most recently completed Universal Benefit Enrollment form or a copy of your *BenefitBridge* confirmation to the Benefits Office with supporting documentation in order for us to take corrective action.

6. Which types of dependents must be verified?

All eligible dependent types (Spouses, Domestic Partners, Children, and Disabled Adult Dependents) must be verified in order to continue coverage for these dependents.

7. What documents do I need to prove that a dependent is eligible?

The Dependent Eligibility Audit packet you will receive from CoreSource will provide you with a list of acceptable documents that you can provide to verify eligibility. You may wish to start looking for these documents in your personal records or request them from the appropriate agencies as this process may take some time. Examples of documents include, but are not limited to, photocopies of: certified marriage certificates, Affidavit of Domestic Partners, certified birth certificates, adoption paperwork, court awarded legal guardianship/custody papers, and recently filed tax returns.

8. Where do I obtain copies of these documents?

Below are recommendations on resources to obtain the required documentation.

- **State Government** – Most states have a “Vital Records” department where you can request copies of birth, marriage, divorce, and death certificates. Contact the state where the event occurred.
- **County Government** – Contact the county office that issued the original certificate.
- www.cdc.gov/nchs/w2w.htm - The United States Center for Disease Control and Prevention has a comprehensive website that includes all states and offers detailed instructions on how to obtain copies of birth, marriage, divorce, and death certificates.
- www.vitalrecordsguide.com – This website also includes detailed instructions for obtaining copies of birth, marriage, divorce, and death certificates for all states.
- www.travel.state.gov – The United States Department of State, Bureau of Consular Affairs provides detailed instructions for obtaining a Certificate of Birth abroad, Certificate of Death abroad, or Certificate of Witness of Marriage abroad. After accessing this website, click on “Consular Report of Birth Abroad” from the “Most Requested” pull down box.

9. What is meant by a “certified” copy?

A certified copy of a birth certificate, marriage certificate or other vital record is a document issued by the Civil Registry in the state, county, city, or municipality where the original document was registered. It contains the data from the original document, along with the seal or stamp and signature of the Civil Registrar.

10. Why must I provide personal financial information?

Financial documents are required to verify that you are financially responsible for dependents and to confirm your existing relationship with your spouse or domestic partner as required in the Summary Plan Description. When submitting any financial documents, **all personal information such as income, account balances, payment amounts, should be marked out.** Peralta Community College District does not need or want to know this information. Again, detailed instructions will be provided in the packet from CoreSource.

11. What happens to this documentation upon completion of the audit?

CoreSource will shred all paper copies of the documentation, at the completion of the audit.

12. What is the deadline to submit the documentation?

All required documentation must be submitted to CoreSource by **Friday, October 14, 2016.** Please remember that it may take some time to obtain the documentations if you do not already have them in your personal records.

13. What happens if I miss this deadline?

Peralta Community College District will have no choice but to terminate your dependent(s) coverage if you do not provide the required documentation to verify eligibility by the audit deadline. Please contact CoreSource if you are having difficulty obtaining the documentation and may not meet the deadline.

14. On what date will my dependents be terminated?

Coverage will be terminated effective **December 31, 2016** for any ineligible dependents or for any of your enrolled family members for whom you do not provide the required documentation. The next opportunity to enroll terminated dependents for coverage, if they are eligible, will be during your next annual enrollment period in May 2016 with coverage effective on July 1, 2017.

15. What are the options for continuing coverage for ineligible dependents?

Termination of an ineligible dependent is not considered a COBRA Qualifying Event. In certain circumstances, where an eligible dependent became ineligible within the last 60 days, COBRA may be offered. Medical coverage may also be available through the Health Insurance Marketplace. Visit the HealthCare.gov website for more information including access to the online application for health insurance through the marketplace in the dependent's area.

16. Who do I contact with questions? Question regarding...

- documentation, verification of receipt of your information, to request a duplicate packet or to clarify documentation to be submitted, then contact CoreSource:
 - Dependent Eligibility Audit experts:
DependentAuditsBalt@coresource.com 866-434-1211
- Benefit plan features or the reinstatement process, then contact the Peralta District Benefits Office:
 - Staff Assistant Ronnie Roberts McCain: benefits@peralta.edu 510-466-7229
 - Benefits Manager Jennifer Benford Seibert: jseibert@peralta.edu 510-587-7868



**PERALTA COMMUNITY COLLEGE DISTRICT
AFFIDAVIT OF DOMESTIC PARTNERSHIP**

**I declare under penalty of perjury under the laws of the State of _____
that the statements below are true and correct.**

1. That the partnership between:

_____ and _____

was declared on: _____
full date (example: January 1, 2016)

2. The above named persons are not related to each other.

3. The above named persons have assumed mutual obligations for the welfare and support of each other.

4. Both persons are 18 (eighteen) years of age or older and currently unmarried.

5. Domestic Partner and the dependent children of a Domestic Partner may not qualify as dependents of the Employee under Section 152 of the Internal Revenue Code, the value of coverage received by the Domestic Partner and/or the dependent children of the Domestic Partner under the Employer's plan may be treated as wages paid to the Employee for the purposes of income tax withholding and employment taxes.

Dated: _____, _____

Signature

Print Name

Signature

Print Name

State of _____, County of _____

On _____ before me, _____
NAME, TITLE OF OFFICER – E.G. "JANE DOE, NOTARY PUBLIC"

personally appeared _____
NAME(S) OF SIGNER(S)

personally known to me – OR

proved to me on the basis of satisfactory evidence to be in the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon which the person(s) acted, executed the instrument. Witness my hand and official seal.

Witness my hand and official seal.

SIGNATURE OF NOTARY