

## Q: Why is my employer conducting a dependent verification?

fi/E%8E (3, E?;, E@;C>1Z0E-E, Z7OE87, E8E87>(ZFE8<>E, 4>, +E8H, (51E(;, E8@;(O, ?7+, ;E1, E \*86 9(7CH, (41D4 7<E><E2, E7+E, <987<2 4 E8E, @2 AE1, E4D2 22CB.E1, D, 894 E8@;, +E7+, ;E >1, D4 7\_f14BAZOE1, E8@;(O, B. D, 894 EA18E; , 7 >E 4D2 4 E?>E1, E86 9(7CH 7+E 4E 4D2 4 E 6 1) !5." 01.)G%" 5." -1&.!#23 (" \*1 0&+) "5

fi/H 4E6 94BC, , <EA18E8@; ;EE, 9, 7+, 7>E 8;EB(6 94 H E98?<, 8;E124 `>1;8?01>1, E86 9(7CH, (41E 94 7<E

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

fi; , \*8; +<TC8?E( 7E

E(7+E\*87<?4>, E8.. 2, <E87E>1, E

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

fi/E (7CEZ+22?( 4D842 <E; , (@ 2) 4 E8; D, 894 EA18E; , 7 >E 4D2 4 E8; E86 9(7CH, (41D4 7<E %1, <, D4 7<E; , B. .-; , +E CEZ+22?( 4E(; ;2;<E78>H CE>1, EŽ, 9, 7+, 7>E; ;22(>87E, 7>; ;E

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

fi/H 7CE7@; ;22+E, 9, 7+, 7>EA 24E, E; 899, +E; 86 E8@; ;(O, E

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

fi/H 74CE, 9, 7+, 7>EA18E8<>E1, 2E 4D2 22CA 21Z E1, H <1 ~ + (C<E?, E8EH #L SH ~: ?( 4Z 27OE@, 7>E A 24E (@, E #L SH E2D1 <E; 899ZOE8@; ;(O, E8; E86 , 87, EA18EA (<E, @; ;E 4D2 4 E-78>H H #L SH D : ?( 4CZOE@, 7>E

1 1116 0?) ( 1@) 1 ( ) ž ( 37) 1@1



