

May 19, 2017

**IMMEDIATE ACTION REQUIRED TO  
MAINTAIN STATE HEALTH PLAN  
COVERAGE FOR YOUR  
DEPENDENTS**

Dear

The State Health Plan (Plan) recently announced strategic priorities and benefit changes designed to provide Plan members with stability and predictability in their health plan benefits. These changes also begin the task of lowering the state's \$43 billion in unfunded liabilities for retiree health benefits. In addition, we are taking advantage of our buying power and making family premiums more affordable. The Plan is constantly working to provide the best return on investment as well as reducing complexity and building value for all Plan members.

**Allowing ineligible dependents to participate in the Plan increases the overall cost of our Plan to members and taxpayers.** Every dollar going to those who are ineligible is a dollar out of your pocket. As an important step towards reducing costs and eliminating waste, the Plan is conducting an audit to verify eligibility of dependents covered by the Plan.

Our records indicate that you currently have dependents covered by the Plan. In order to ensure continued coverage under the Plan for your dependents, you must respond with the required documentation described below by **July 31, 2017**. Failure to respond and produce the required documentation will result in termination of your dependents' coverage under the Plan effective August 1, 2017.

Ways to provide this documentation are outlined on the following page. If you have any questions about this process, please contact the Eligibility and Enrollment Support Center at 855-859-0966, Monday through Friday, between 8 a.m. and 5 p.m. EST or at SHPDependentAudit@benefitfocus.com. For more information, you can also visit the Plan's website at [www.shpnc.org](http://www.shpnc.org).

Thank you for your cooperation in assisting us with this important step towards protecting the Plan's financial stability.

Sincerely,

State Health Plan

Eligible Dependent Types	Required Documentation for Eligible Dependents			
	1040 Income Tax Return*	Marriage Certificate	Birth Certificate	Adoption or Legal Guardianship Papers
Legal Spouse	✓			
Child – Biological			✓	
Child – Stepchild		✓	✓	
Child – Adopted/Placed for Adoption				✓
Child – Legal Guardianship				✓

\*1040 Income Tax Return—only submit the first page of your most recently filed 1040 tax return. Please black out any financial information, as well as the first five digits of any Social Security numbers.

### Instructions for Providing Required Documentation

1. Visit the State Health Plan's website at [www.shpnc.org](http://www.shpnc.org) and click **ENROLL NOW**
2. Select the appropriate yellow box to log into **eEnroll**
3. Once you are logged into eEnroll a message box will appear: "Dependent Verification Documentation Request"
4. Click **GET STARTED**
5. You will then be prompted to upload the required documentation within the Document Center. You are able to provide a scanned copy of the document or take a photo with your smart phone and upload it directly to the Document Center as shown below.
6. If the documentation you provided cannot be verified you will receive notification or you can log back into eEnroll where you can check the status of your verification.

### My Document Center Upload Instructions

#### Dependent Verification Document Request

Documentation must be submitted and/or approved for the following dependent: TEST CHILD. Access [My Document Center](#) to submit now.

Sort By: **Document Name** | Date Created | Date Uploaded


Document is awaiting upload

Dependent Name: TEST CHILD

Benefits will not be effective until a verification document has been received and approved by your administrator.

04/19/2017

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 Document Required | [Upload a Document](#) | [Associate an Existing Document](#)

Please complete the information below.

**Browse for File \***

File Chosen: Test\_BC.docx

Hover over the (?) above to view accepted file types.

**Document name \***

Birth Cert

**Category \***

Birth Certificate

**Date**

04/19/2017

**Description**

Cancel

Save

- If you do not have access to eEnroll, you can email your document to [SHPDependentAudit@benefitfocus.com](mailto:SHPDependentAudit@benefitfocus.com) or fax it to 866-742-6444. You are required to include your Full Name, Dependent's Full Name, State Health Plan ID number located on your Plan ID card and the name of your employing unit on both the email and fax in order for the document to be accepted. Mailed, hard copy documents will not be accepted.

## Nondiscrimination and Accessibility Notice

The State Health Plan complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. The State Health Plan does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

### The State Health Plan:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, contact the Civil Rights Coordinator identified below (the "Coordinator"):

State Health Plan Compliance Officer  
(919)-814-4400

If you believe that the State Health Plan has failed to provide these services or discriminated against you, you can file a grievance with the Coordinator. You can file a grievance in person or by mail, fax, or email. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, available at:

U.S. Department of Health and Human  
Services, 200 Independence Avenue SW.,  
Room 509F, HHH Building, Washington, DC 20201,  
1-800-368-1019, 800-537-7697 (TDD).

File complaint electronically at: <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>,  
Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

Spanish	ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 919-814-4400.
Chinese	注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 919-814-4400。
Vietnamese	CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 919-814-4400.
Korean	주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 919-814-4400.
French	ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 919-814-4400.
Arabic	919-814-4400 به رقم اتصل به الامجان لك توافر ال لغوية المساعدة خدمات في ان اللغة، اذكرت تحدثك انت اذا بملاحظة
Hmong	LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 919-814-4400.
Russian	ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 919-814-4400.
Tagalog	PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 919-814-4400.
Gujarati	સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 919-814-4400.
Mon-Khmer, Cambodian	ប្រយ័ត្ន: បើសិនជាអ្នកនិយាយភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសា ដោយមិនគិតថ្លៃ គឺអាចមានសំរាប់អ្នក។ ចូរ ទូរស័ព្ទ 919-814 4400.
German	ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 919-814-4400.
Hindi	ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 919-814-4400.
Laotian	ໂປດຊາບ: ຖ້າວ່າທ່ານເວົ້າພາສາລາວ, ການບໍລິການຊ່ວຍເຫຼືອ ພາສາ ບໍ່ຄ່າ ຈ່າຍ ພາສາ, ໂດຍບໍ່ເສຍຄ່າ, ມີ ສຳລັບ ທ່ານ. ໂທ 919-814-4400.
Japanese	注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。919-814-4400.