

May 19, 2017

Eligibility and Enrollment Support Center
SHPDependentAudit@benefitfocus.com
855-859-0966
Monday through Friday, between 8 a.m. and 5 p.m. EST

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 <u>July 31</u>, <u>2017. Failure to respond and produce the required documentation will result in termination of your dependents' coverage under the Plan effective August 1, 2017.</u>

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.

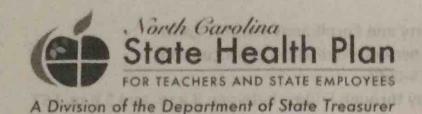
Thank you for your cooperation in assisting us with this important step towards protecting the Plan's financial stability.

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	1			
Child – Biological			1	
Child - Stepchild		/	-	SECRETARION OF STREET
Child – Adopted/Placed for Adoption	A STATE OF THE PARTY OF	Separate Separate		✓
Child – Legal Guardianship		de la Ner	755 53 (0) (1) 75	1

^{*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 humbers.

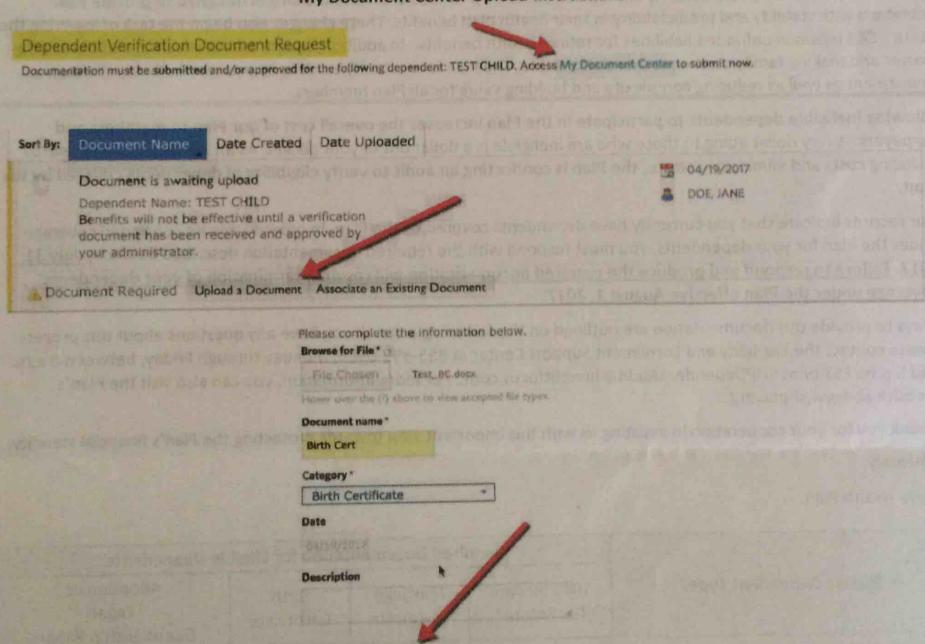


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Instructions for Providing Required Documentation

- 1. Visit the State Health Plan's website at 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
- 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



If you do not have access to eEnroll, you can email your document to 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.

Cancel

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 Vietnamese Korean 주의: 하국어록 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 919-814-4400.

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 919-814-4400. ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez

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-

Mon-Khmer, ប្រយ័គ្នា បើសិនជាអ្នកនិយាយ ភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសា ដោយមិនគិតឈ្នួល គឺអាចមានសំរាប់ប់រើរដ្ឋកា 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: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທຣ 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.