

RESPONSE DUE: By benefit eligibility date

ACTION IS REQUIRED.

YOUR SPOUSE AND DEPENDENT CHILDREN WILL NOT BE ALLOWED TO ENROLL IN HEALTH COVERAGE IF YOU FAIL TO COMPLETE THIS FORM AND SUBMIT THE REQUIRED DOCUMENTATION BY THE DUE DATE.



In order to ensure that dependents enrolled in the health plans meet the eligibility requirements, we are requesting documentation regarding the dependents you want to enroll. Because protecting your personal information is a priority, all documents provided will be securely stored and protected through physical, electronic, and procedural safeguards.

A detailed list of documents required to validate each dependent's eligibility is included on the next page. You must provide CDI with all required documentation for each dependent you want to enroll **by your or your dependents' benefit eligibility date**. Your spouse and/or dependent children will not be allowed to enroll in health coverage if you do not submit all documents by that date.

DEFINITION OF ELIGIBLE DEPENDENTS

Eligible dependents are defined in our Summary Plan Description as:

- Your lawful spouse
- Your domestic partner whose coverage in the CDI health plans started prior to August 1, 2014 and who continues to meet the requirements in the affidavit of domestic partnership
- Any child of yours who is:
 - less than 26 years old.
 - 26 or more years old, unmarried, and primarily supported by you and incapable of self-sustaining employment by reason of mental or physical disability which arose while the child was covered as a dependent under the CDI plan, or while covered as a dependent under a prior plan with no break in coverage between the two plans.

The term "child" means a child born to you or a child legally adopted by you. It also includes a stepchild, a foster child or a child for whom you are the legal guardian. If your domestic partner has a child, that child will be considered an eligible child if your domestic partner's coverage in the CDI health plans started prior to August 1, 2014 and he or she continues to meet the requirements in the affidavit of domestic partnership.

INSTRUCTIONS

1. Carefully review the definition of eligible dependents above.
2. On the next page, indicate whether the dependents you want to enroll meet the eligibility requirements. Dependents who you do not certify as eligible will not be allowed to enroll.
3. Collect all documents listed as **REQUIRED DOCUMENTS** on the next page.
4. **SIGN** and **DATE** the signature box on the next page.
5. Submit the **SIGNED PAPERWORK** and copies of all **REQUIRED DOCUMENTS** to CDI **by your or your dependents' benefit eligibility date**. Please note original documents will be returned.

Your spouse and/or dependent children will not be allowed to enroll in health coverage if you do not complete all of the steps listed above.

We appreciate your cooperation in this important effort to control healthcare costs. Please contact CDI Human Resources if you have any questions.

Sincerely,

CDI Human Resources

See next page to complete →

EMPLOYEE NAME: _____

INDICATE DEPENDENT ELIGIBILITY

Dependent Name, Relationship, DOB	Does this dependent meet the definition of an eligible dependent?	
	Yes	No
1.	<input type="checkbox"/>	<input type="checkbox"/>
2.	<input type="checkbox"/>	<input type="checkbox"/>
3.	<input type="checkbox"/>	<input type="checkbox"/>
4.	<input type="checkbox"/>	<input type="checkbox"/>
5.	<input type="checkbox"/>	<input type="checkbox"/>
6.	<input type="checkbox"/>	<input type="checkbox"/>

No documentation is required for dependents who DO NOT meet the definition of an eligible dependent ("NO" is marked above).

REQUIRED DOCUMENTS

All required documents **MUST** include date and/or year, employee name, and dependent name.

FOR SPOUSE:

- Marriage certificate
- **PLUS** first page of employee's most recently filed 1040 or statement or bill in spouse's name at employee's address, dated in the last 60 days

FOR DOMESTIC PARTNER:

- CDI Affidavit of Domestic Partnership signed prior to August 1, 2014
- **PLUS** statement or bill in the employee and partner's name at employee's address, dated in the last 60 days

FOR CHILDREN UP TO AGE 26:

- Birth certificate listing employee as parent,
- Certificate of adoption listing employee as adoptive parent,
- Court order of legal guardianship listing employee as legal guardian, or
- Documentation from credible agency showing that the child is employee's foster child

FOR STEPCHILDREN UP TO AGE 26:

- Proof of marriage/relationship to spouse/DP (refer to required documents for spouse and domestic partner above)
- **PLUS** one of the following:
 - Birth certificate listing spouse/DP as parent,
 - Certificate of adoption listing spouse/DP as adoptive parent, or
 - Court order of legal guardianship listing spouse/DP as legal guardian

FOR DISABLED CHILDREN AGE 26 OR OLDER:

- Proof of relationship:
 - Birth certificate listing employee/spouse/DP as parent,
 - Certificate of adoption listing employee/spouse/DP as adoptive parent, or
 - Court order of legal guardianship listing employee/spouse/DP as legal guardian
- **PLUS** proof of disability:
 - Certification of disability from Social Security Administration
- **PLUS** proof of support:
 - Employee's most recently filed tax return listing child as dependent

SIGNATURE AND DATE

By my signature on this form, I certify and warrant to Cascade Designs, Inc. that (1) all information on this form is true, correct, and current as of the date signed and (2) all documents submitted are authentic. I understand that any attempt to cover an ineligible dependent will subject me to appropriate disciplinary action.

Signature of Employee (REQUIRED): _____ Date: _____

SUBMISSION CHECKLIST

- Submit all documents listed as **REQUIRED DOCUMENTS** on page 2.
- Ensure each document is a **LEGIBLE BLACK and WHITE COPY** of the original document.
- Include your **NAME** on all submitted documents in the upper left hand corner.
- Write **'NOT FOR OFFICIAL USE'** and **BLACK OUT** all social security numbers or income information on all documents.

RETURN ALL REQUIRED DOCUMENTS AND SIGNED LETTER BY YOUR OR YOUR DEPENDENTS' BENEFIT ELIGIBILITY DATE.

You can submit your documents through email, fax, mail, or in person.

vivian.gould@cascadedesigns.com / (206) 505-9525

Cascade Designs, Inc., Attn: Vivian Gould, 4000 First Avenue S, Seattle, WA 98134

FREQUENTLY ASKED QUESTIONS

1. Why is CDI conducting this verification program?

CDI is sensitive to the rising costs of employee healthcare and feels that this verification program is necessary to make sure our plan is compliant, competitive, and cost effective. The verification process helps CDI control the cost of our plan, which benefits all employees.

2. Can exceptions be granted to allow my ineligible dependent to enroll?

No. Only dependents that satisfy the plan's eligibility definition can enroll.

3. I do not have copies of these documents. What should I do?

If you do not have a copy of a child's birth certificate, you can contact the vital records offices in the state where the child was born. For copies of court documents such as adoption paperwork or guardianship proceedings, you can contact the Clerk of Court's office where the proceedings took place.

If you are unable to obtain any of the required documents, call HR as soon as possible to determine if there are acceptable alternatives.

4. Will I be reimbursed for the cost of obtaining these documents?

No, any charge for obtaining copies of required documents is your responsibility.

5. Do I need to submit original documents?

No. Please do not send your original documents; a copy is sufficient. If the document is two-sided or has multiple pages, make sure you copy all pages and both sides of the paper.

6. My child's birth certificate has a notation that it is illegal to copy. How can I send this as proof of my dependent's eligibility?

Birth certificates issued by certain states (such as New Mexico and Pennsylvania) contain a specific prohibition against copying or duplicating. If your child's birth certificate has this notation, you can send the hospital birth record that shows the name and birth date of your child, parent names, and a signature from either the hospital administration and/or the attending physician.

7. What happens if I do not submit all required documents by the verification deadline?

If you fail to provide or knowingly submit false information for enrolled dependents – one or all of the following actions may occur:

- The ineligible dependent(s) and/or dependents for whom complete documentation has not been submitted will be removed from coverage.
- CDI may seek to recover claims paid during the period that the ineligible dependent was covered.
- You may be subject to disciplinary action.

8. What are my options for submitting documentation to CDI HR?

You can submit documentation to HR by email, fax, mail, or in person:

- Email: vivian.gould@cascadedesigns.com
- Fax: (206) 505-9525
- Mail: Cascade Designs, Inc., Attn: Vivian Gould, 4000 First Avenue S, Seattle, WA 98134
- In person: Vivian Gould