



Dear:

Important Information Regarding Your Dependent(s)'s Health Benefit Coverage

The Dependent Eligibility Verification process requires documentation to verify coverage eligibility for the dependent(s) listed on the reverse side of this letter. A chart is also included on the reverse side that provides the relationships eligible for coverage and a description of what documentation is required for that relationship. As shown in this chart, required documentation varies based on your relationship to your dependent(s).

Note: **DO NOT** send original documents or the actual certified copy, which would have a raised seal. A **copy** of the documents with the seal clearly visible is acceptable. Maintain a copy of the documents you submit for your own records, since we will **NOT RETURN** the documents you submit.

Each piece of documentation must have your SSN written on it, must be attached to this letter, and then sent to: State Health Benefit Plan, Dependent Verification Unit, P. O. Box 38342, Atlanta, GA 30334. Your dependent(s)'s coverage **will be retroactively suspended** to the coverage effective date if the required documentation is not received and approved within 45 days of the date of this letter. The Plan has the authority to determine whether or not the documentation satisfies the Plan's requirements. Every effort allowable under the law will be made to recover from you any and all payments previously made by the SHBP on behalf of your ineligible or undocumented dependent(s).

If you do not have the required documents available, you may contact the following for assistance:

- For certified copies of marriage licenses, begin by contacting the County Clerk in the county and state in which you applied for the marriage license. If you were married in Georgia, begin by contacting the Department of Human Resources (DHR), Vital Records Office at 404-679-4702.
- For certified copies of birth certificates, contact the DHR, Vital Records Office located in the state in which your dependent was born. In Georgia, the number is 404-679-4702.

Any fees associated with obtaining documents are your responsibility. If you have any questions related to this letter, contact the SHBP Dependent Verification Unit at 800-610-1863 Option 7 or, in the Atlanta calling area 404-656-6322 Option 7.

Thank you for your attention to this matter.

Sincerely,

State Health Benefit Plan

Relationship	Required Document(s)
Spouse	Copy of certified marriage certificate or copy of your most recent Federal Tax Return (filed jointly with spouse) with financial information blacked out and including legible signatures of you and your spouse.
Natural Child or Student Child	Copy of certified birth certificate listing parents by name. Birth cards without parent information are not acceptable.
Stepchild	<ol style="list-style-type: none"> 1. Copy of certified birth certificate showing your spouse is the natural parent; and 2. Copy of certified marriage certificate showing the natural parent is your spouse and 3. Notarized statement that dependent lives in your home at least 180 days per year

MEMBER'S SOCIAL SECURITY NUMBER MUST BE WRITTEN ON EACH DOCUMENT. DEPENDENT VERIFICATION CANNOT BE COMPLETED IF YOUR SSN IS NOT INCLUDED.