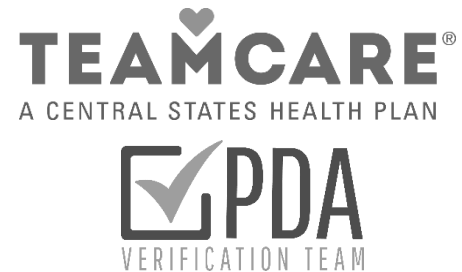


**TeamCare**

c/o PDA – Verification Team  
17199 N. Laurel Park Drive Suite 400  
Livonia, MI 48152

**IMPORTANT INFORMATION  
ABOUT THE DEPENDENT REVIEW  
PLEASE REVIEW CAREFULLY AND  
TAKE ACTION (if necessary)**

«IdnEmployeeID»  
«Emp\_FN» «Emp\_LN»  
«Emp\_Addr1» «Emp\_Addr2»  
«Emp\_City», «Emp\_State» «Emp\_Zip»



**IMPORTANTE - SU RESPUESTA ES REQUERIDA**

Si necesita asistencia en Español, por favor  
llame al numero **(833) 273-6244**

Dear «Emp\_Fn»,

As previously announced, TeamCare is partnering with Part D Advisors (PDA Verification Team), a third-party service provider specializing in dependent reviews. The purpose of this review is to confirm that your dependents currently enrolled in TeamCare meet the eligibility requirements of the Plan. This letter announces the amnesty period, which is the first phase of the review.

**What is amnesty?** Amnesty is your opportunity to remove any ineligible dependents currently covered by TeamCare without consequences. If any of your dependents currently covered by TeamCare do not meet the eligibility requirements as outlined on the back of this page, now is the time to remove them without penalty. The amnesty period will end on **October 25, 2024**. In future mailings, you will be required to provide legal documents for each of your dependents to prove their eligibility. **It is important to review this information carefully.** If TeamCare determines you have an ineligible dependent not disclosed during this amnesty period, your dependent will be removed from coverage, and you may be responsible for previous claims paid.

**What do you need to do by October 25, 2024?** Review the information in this letter and follow the steps explained below. It is your responsibility to contact the PDA Verification Team before the deadline to remove any ineligible dependents from your coverage. If all the dependents listed in this letter meet the eligibility rules of the Plan, there is nothing you need to do until the next phase of this review.

**What's next?** Over the next few months, the PDA Verification Team will contact you by mail to collect documentation for each covered dependent. The letter will be sent to all participants who have covered dependents and will provide instructions on what documents are needed and how to submit these documents on-line or through the mail. **Note: It is important that when you receive this letter, you return the required information. If documentation is not provided, your dependents will be removed from coverage.**

**Carefully review and complete the following steps:**

**Step 1:** Review the plan eligibility rules on the back of this page.

**Step 2:** Review the list of your dependents on the back of this page.

- If one or more of your dependents are not eligible, proceed to Step 3 and contact the amnesty line.
- If all your dependents meet the eligibility criteria, you do not need to call the amnesty line. There is nothing for you to do at this time.

**Step 3:** If any of your dependents do not meet the eligibility requirements, you must call the PDA Verification Team at **(833) 273-6244** before **October 25, 2024** to take advantage of this one-time amnesty period. Dependents removed from coverage during the amnesty period will lose coverage effective immediately. The toll-free amnesty line is open from 7:00 a.m. to 7:00 p.m. CT, Monday through Friday.

Thank you for your participation in this important process.

Sincerely,

PDA Verification Team

## Your Dependents Currently Enrolled in Coverage

In the next phase of this dependent review, you will be required to provide acceptable supporting documentation for each dependent listed below. If documentation is not provided, coverage for your dependents will be terminated and you may be responsible for any incurred claims. Additional information about the next phase will be provided soon in a separate letter.

<i>Relationship</i>	<i>First Name</i>	<i>Last Name</i>	<i>Date of Birth</i>
<i>Spouse</i>	«Spouse_FN»	«Spouse_LN»	«Spouse_DOB»
<i>Dep-1</i>	«Dep1_FN»	«Dep1_LN»	«Dep1_DOB»
<i>Dep-2</i>	«Dep2_FN»	«Dep2_LN»	«Dep2_DOB»
<i>Dep-3</i>	«Dep3_FN»	«Dep3_LN»	«Dep3_DOB»
<i>Dep-4</i>	«Dep4_FN»	«Dep4_LN»	«Dep4_DOB»
<i>Dep-5</i>	«Dep5_FN»	«Dep5_LN»	«Dep5_DOB»
<i>Dep-6</i>	«Dep6_FN»	«Dep6_LN»	«Dep6_DOB»
<i>Dep-7</i>	«Dep7_FN»	«Dep7_LN»	«Dep7_DOB»
<i>Dep-8</i>	«Dep8_FN»	«Dep8_LN»	«Dep8_DOB»
<i>Dep-9</i>	«Dep9_FN»	«Dep9_LN»	«Dep9_DOB»
<i>Dep-10</i>	«Dep10_FN»	«Dep10_LN»	«Dep10_DOB»
<i>Dep-11</i>	«Dep11_FN»	«Dep11_LN»	«Dep11_DOB»
<i>Dep-12</i>	«Dep12_FN»	«Dep12_LN»	«Dep12_DOB»
<i>Dep-13</i>	«Dep13_FN»	«Dep13_LN»	«Dep13_DOB»
<i>Dep-14</i>	«Dep14_FN»	«Dep14_LN»	«Dep14_DOB»

## TeamCare Dependent Eligibility Rules

Relationship	Eligibility Requirements
<b>Legal Spouse</b> <b>Surviving Spouse</b>	Lawful spouse of the Member or Retiree  If you are divorced or legally separated, your spouse is not eligible for coverage.  If you are a surviving spouse and remarried, you are not eligible for coverage.  If you are in a domestic partnership and not legally married, your domestic partner is not eligible for coverage.
<b>Common-Law Spouse</b>	If you are in a state-recognized common-law marriage, your spouse is eligible for coverage.
<b>Children</b>	<i>Up to age 26; and</i> <ul style="list-style-type: none"> <li>• Natural child(ren) and stepchild(ren)</li> <li>• Legally adopted child(ren) or placed for adoption.</li> <li>• Legal Guardianship</li> </ul>

A copy of the full Health and Welfare Plan Document is available at [MyTeamCare.org](http://MyTeamCare.org).