


TEAMCARE®
Dependent Review

<<Date>>

<<First Last Name>>

<<Address Line 1>>

<<Address Line 2>>

<<Address Line 3>>

<<City>>, <<State>> <<ZIP>>

COMING SOON: TEAMCARE DEPENDENT REVIEW

Dear <<First Name>>:

We know how important healthcare benefits are to you and your loved ones and we are pleased to offer great benefits to you and your dependents. However, covering dependents who are not eligible for benefits raises costs, which impacts all participants. For TeamCare to continue providing exceptional benefits at a reasonable cost, we must administer the Plan as efficiently as possible. One way of doing this is to ensure all dependents on the Plan meet the eligibility rules. This is called a **Dependent Review**.

To assist TeamCare in ensuring our records are accurate, we are partnering with the PDA Verification Team to begin a **Dependent Review**. As our partner, they'll be sending letters to our participants and collecting the required documents on all dependents. Please look for their name and logo in future communications. When you see it, you'll know it is important and needs immediate attention.



Action will be needed on your part, as you will be required to provide documents on **all** covered dependents (examples include birth certificates, divorce decrees, page one of your 1040 tax return, and other relevant documents) to validate current relationship status. The letter you receive from the PDA Verification Team will have instructions for submitting these documents on-line or by mail.

IMPORTANT: When you receive information from the PDA Verification Team, please read it carefully and pay attention to the specific due dates. **Failure to comply and provide the necessary documentation could result in the loss of coverage for your dependents.**

You will receive a letter from the PDA Verification Team soon regarding the first phase of the review. During this phase, you'll be asked to make sure that your currently covered dependents are eligible based on TeamCare's eligibility rules. Once you receive the letter, please read the contents carefully. If changes are necessary, contact the PDA Verification Team's dedicated service center that will be referenced within the letter.

Sincerely,

BOARD OF TRUSTEES, CENTRAL STATES, SOUTHEAST
AND SOUTHWEST AREAS HEALTH AND WELFARE FUND, BY:

THOMAS C. NGHAN
EXECUTIVE DIRECTOR