The following provides a high-level overview of the Dependent Eligibility Verification timeline.

Jan. 4  Campus e-mail and Faculty/Staff Newsletter regarding project (week of)
Jan. 11 Mark Stanker e-mail regarding timeline (week of)
Jan. 13 Secova mailed announcement letters to all benefit-eligible employees
Feb. 2  Mark Stanker e-mail regarding updates
Feb. 12 Secova to mail verification packets to benefit-eligible employees with enrolled dependents
Mar. 3  Secova to mail reminder letters to non-responders
Mar. 15 Secova to initiate additional, reminder communications
Mar. 31 Document submission deadline
Apr. 21 Secova to mail suspension letters to non-responders
May 14  End of project
Jun. 30  Suspension of coverage for un-verified dependents
From: Mark Stanker
Sent: Tuesday, January 12, 2010 9:09 AM
To: System Administration
Subject: Important - Dependent Eligibility Verification Timeline

As announced during last spring’s open enrollment and recently addressed by campus e-mail, the University of Colorado (CU) is now ready to begin a census of employee dependents who are enrolled in university benefit plans. If you do not have a spouse, child or other dependent participating in a university benefit plan, no action will be required. If you have enrolled dependents, you will be asked for industry-standard documentation like a birth certificate or marriage license that verifies each dependent meets university eligibility requirements.

The university is partnering with Secova, an independent third party, to conduct this confidential review. On January 13, Secova will mail an announcement letter to each benefits-eligible employee, including those of you who have no dependents. On February 1, Secova will mail a verification packet to your home if you have dependents enrolled in university benefit plans. The packet will include a list of your enrolled dependents and the required verification documents. Benefit plan participants who realize they have ineligible dependents will be asked to voluntarily drop them from coverage in a timely manner. Penalties may be avoided by removing ineligible dependents from coverage by February 28, the end of the amnesty period. After that date, if the university learns that a plan participant has knowingly enrolled an ineligible person as a dependent, the university may act to recover costs for the ineligible person’s health care premiums and/or benefit claims.

The following provides a high-level overview of the Dependent Eligibility Verification timeline:

- Jan. 13: Secova to mail announcement letters to all benefit-eligible employees
- Feb. 1: Secova to mail verification packets to benefit-eligible employees with enrolled dependents
- Feb. 28: End of amnesty period
- Mar. 3: Secova to mail reminder letters to non-responders
- Mar. 15: Secova to initiate additional, reminder communications
- Mar. 31: Document submission deadline
- Apr. 1: Suspension of dependent coverage for non-responders
- Apr. 21: Secova to mail suspension letters to non-responders
- May 14: End of project

The Secova Call Center will go live on January 13 in conjunction with the mailing of the announcement letters. Please contact Secova at 1-800-266-6644 (toll free) if you have any questions during this process. Multilingual representatives are available to assist you 24 hours a day, 7 days a week in 150 languages (including Spanish, Lao, Hmong, Mandarin, Cantonese and Russian).

I understand this process may require you to gather together documents that may not be readily accessible. If you are unable to produce the required verification documents, please contact Secova, who is authorized to accept certain alternatives. We appreciate your cooperation and understanding as we move forward with this effort and the sustainability of our benefit plan offerings.

Sincerely,

Mark Stanker
Assistant Vice President - Payroll & Benefit Services
From: Mark Stanker
Sent: Tuesday, February 02, 2010 11:16 AM
To: System Administration
Subject: Important - Dependent Eligibility Verification Update

The purpose of this communication is to notify you of two revisions to the Dependent Eligibility Verification process. First, you will need to submit verification only for those dependents for whom you intend to continue benefits coverage July 1, 2010. Second, Secova will mail verification packets on February 12 instead of February 1. The materials will be mailed to the home address of all participants that have dependents enrolled in university benefit plans. You must complete the verification process and receive confirmation of dependent eligibility to assure continuation of dependent coverage.

The following provides an update to the Dependent Eligibility Verification timeline:

- Feb. 12: Secova to mail verification packets to benefit-eligible employees with enrolled dependents
- Mar. 3: Secova to mail reminder letters to non-responders
- Mar. 15: Secova to initiate additional, reminder communications
- Mar. 31: Document submission deadline
- Apr. 21: Secova to mail suspension letters to non-responders
- May 14: End of project
- Jun. 30: Suspension of coverage for un-verified dependents

If you do not have a spouse, child or other dependent participating in a university benefit plan, you will not receive a verification packet and no action will be required.

Sincerely,

Mark Stanker
Assistant Vice President - Payroll & Benefit Services
February 12, 2010

Dear participant,

The university is partnering with Secova, an independent third party, to conduct a confidential dependent eligibility review in preparation for the upcoming open enrollment. Please follow the instructions, below, for submitting documentation by March 31, 2010 to verify dependents for whom you intend to continue coverage July 1, 2010. You must complete the verification process and receive confirmation of dependent eligibility to assure continuation of dependent coverage.

What You Need to Do
Please complete the following steps for your dependent(s) currently enrolled in University of Colorado coverage.

1. VISIT the University of Colorado Dependent Eligibility Verification website at https://verify.secova.com/universityofcolorado for instructions on verifying dependent eligibility and submitting documents online; OR

2. READ the enclosed Definitions and Required Documents to confirm that your dependent(s) meets eligibility criteria and to learn what documentation you are required to submit; AND

3. OBTAIN the appropriate documentation for each dependent and make copies. Please write your name and participant ID# in the top right hand corner of each document you submit. See the enclosed Verification Form for Dependent Eligibility for your participant ID#; AND

4. COMPLETE, SIGN AND DATE the enclosed Verification Form for Dependent Eligibility; AND

5. MAIL the completed and signed Verification Form for Dependent Eligibility with copies of required eligibility documentation, OR FAX your documents to Secova at 1-866-587-2538 by March 31, 2010. A postage-paid envelope is enclosed for your convenience. If you mail the form, please keep a copy for your records.

Upon completion of the verification process, you will receive confirmation from Secova on the verification status of your dependent(s). Please contact Secova at 1-800-266-6644 (toll-free) if you have any questions during this process. Representatives are available in 150 languages (including Spanish, Lao, Hmong, Mandarin, Cantonese, and Russian) to assist you 24 hours a day, 7 days a week.

Sincerely,

Mark Stanker
Assistant Vice President, Payroll & Benefit Services

February 12, 2010

As of the date above, you and your dependents listed below, are enrolled in
the University of Colorado health, dental and/or life insurance benefits. Please review the enclosed Definitions and Required Documents
and confirm which dependent(s) you believe are eligible for and will be enrolled in coverage July 1, 2010 by taking one of the following actions:

1. VISIT the University of Colorado Dependent Eligibility Verification website at https://verify.secova.com/universityofcolorado for
instructions on verifying dependent eligibility and submitting documents online; OR

2. COMPLETE THIS VERIFICATION FORM for each dependent by checking the specific Dependent Type and “Yes” or “No” to
indicate which dependent(s) you believe is/are eligible for and will be enrolled for benefits coverage July 1, 2010.
   • Review the Definitions and Required Documents for each dependent type currently enrolled.
   • Submit the required documentation, along with the completed Verification Form for Dependent Eligibility to Secova by mail using
the enclosed postage-paid envelope or fax to 1-866-587-2538 by March 31, 2010. Please write your name and participant ID# in
the top right hand corner of any document(s) you submit.

You must provide proof of eligibility only for those dependents for whom you select “Yes” as eligible and intend to re-enroll for July
1, 2010 benefits coverage. You do not need to provide proof of eligibility if you select “No” for one or more dependent(s); coverage
will stop June 30, 2010. You must complete the verification process by March 31, 2010, or coverage for your dependent(s) will be
discontinued June 30, 2010.

<table>
<thead>
<tr>
<th>Current Dependent Name</th>
<th>Relation</th>
<th>Dependent Type (Check all that apply for each dependent)</th>
<th>Dependent is eligible for and will be enrolled in coverage July 1, 2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>SUZY SAMPLE</td>
<td>Spouse</td>
<td>☐ Legally Married ☐ Common Law</td>
<td>Yes ☐ No</td>
</tr>
<tr>
<td>SUZY SAMPLE</td>
<td>Domestic Partner</td>
<td>☐ Qualified Same Gender Domestic Partner</td>
<td>Yes ☐ No</td>
</tr>
<tr>
<td>JUDY SAMPLE</td>
<td>Child</td>
<td>☐ Biological ☐ Court Ordered (QMSCO) ☐ Disabled ☐ Dependent (19-25) ☐ Domestic Partner's Child</td>
<td>Yes ☐ No</td>
</tr>
</tbody>
</table>

Contact Information
Please provide a telephone number and email address, if available, at which you can be reached if we have questions about your
dependent’s eligibility for coverage.

Telephone: __________________________ Best time to call: ☐ Day ☐ Evening

E-mail address: __________________________

By signing this form, I attest that I have reviewed the Dependent Eligibility Definitions and that the information I am submitting is true and accurate. I understand that if I have knowingly provided false or misleading information related to the enrollment of an ineligible dependent in a benefits plan, I
may be subject to discipline, and the university may be required to take action to recover funds expended due to fraud or fiscal misconduct.

________________________________________  __________________________
Signature                                      Date

If you have questions, please call Secova at 1-800-266-6644.
Representatives are available to assist you 24 hours a day, 7 days a week.
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| Spouse        | A current legal spouse as recognized by federal law and the state in which the participant resides. A legally separated or ex-spouse is not an eligible dependent. | **One of the following documents:**  
- Page 1 and signature page of participant's 2008 or 2009 Federal Income Tax Return (1040, 1040A or 1040EZ) as filed with the IRS listing the spouse  
- Page 1 and Certificate of Electronic Filing of participant's 2008 or 2009 Federal Income Tax Return (1040, 1040A or 1040EZ) as filed with the IRS listing the spouse  
(See FAQs as to how to mask personal financial data) |
|               |                                                                             | **OR**  
- Marriage Certificate  
**AND** one of the following to show current joint tenancy:  
- Proof of joint ownership of residence or other real estate  
- Proof that participant and spouse are both listed on a lease or share the rent of a home or other property  
- Joint ownership of a motor vehicle  
- Designation of the spouse as a primary beneficiary of the participant's life insurance, or retirement benefits  
- Utility bill listing both participant and spouse (or 2 separate utility bills, one listing the participant and one listing the spouse) |

| Common Law Spouse | A current professed marriage as husband and wife held out to the community and publicly acknowledged as married by common-law and agree to assume all legal responsibilities and duties of lawfully married persons. There is no legal impediment including, but not limited to, prior marriage of either party not having been legally terminated by death or divorce; and pursuant to any laws of the State of Colorado. | **One of the following documents:**  
- CU Affidavit of Common Law Marriage  
- Certificate of Common Law Marriage  
**AND** one of the following to show current joint tenancy:  
- Proof of joint ownership of residence or other real estate  
- Proof that participant and common law spouse are both listed on a lease or share the rent of a home or other property  
- Joint ownership of a motor vehicle  
- Designation of the common law spouse as a primary beneficiary of the participant's life insurance, or retirement benefits  
- Utility bill listing both participant and common law spouse (or 2 separate utility bills, one listing the participant and one listing the common law spouse) |
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| Same Gender Domestic Partner         | Must be of the same gender as the participant:  
• Engaged in an exclusive committed relationship with the participant for mutual support and benefit to the same extent as married individuals;  
• Share a residence with the participant currently and have done so for more than one year;  
• Jointly responsible with the participant for basic living expenses;  
• Not be married to any other person (nor can the participant be married to any other person);  
• Not related to the participant by blood to a degree of closeness that would prohibit marriage were the participant of the opposite sex. | The following document:  
• CU Affidavit of Same Gender Domestic Partnership  
AND one of the following documents:  
• Certificate of Committed Partnership issued through City and County of Denver  
• Certificate of Domestic Partnership issued through City of Boulder  
AND one of the following to show current joint tenancy:  
• Proof of joint ownership of residence or other real estate  
• Proof that participant and same gender domestic partner are both listed on a lease or share the rent of a home or other property  
• Utility bill listing both participant and same gender domestic partner (or 2 separate utility bills, one listing the participant and one listing the same gender domestic partner) |
| Biological child under age 19        | An unmarried biological (natural) child of a participant, who relies on the participant for the majority of their financial support and maintenance.                                                                                                                | One of the following documents:  
• Page 1 and signature page of participant's 2008 or 2009 Federal Income Tax Return (1040, 1040A or 1040EZ) as filed with the IRS listing the child as dependent  
• Page 1 and signature Certificate of Electronic Filing of participant's 2008 or 2009 Federal Income Tax Return (1040, 1040A or 1040EZ) as filed with the IRS listing the child as dependent  
(See FAQs as to how to mask personal financial data) |
| Adopted child under age 19           | An unmarried child of a participant, spouse, common law spouse or same gender domestic partner, as previously defined, for whom the participant must provide full or partial support because of a legal adoption.                                                                 | One of the following documents:  
• Page 1 and signature page of participant's 2008 or 2009 Federal Income Tax Return (1040, 1040A or 1040EZ) as filed with the IRS listing the child as dependent  
• Page 1 and signature Certificate of Electronic Filing of participant's 2008 or 2009 Federal Income Tax Return (1040, 1040A or 1040EZ) as filed with the IRS listing the child as dependent  
(See FAQs as to how to mask personal financial data) |

OR  
• Birth Certificate

OR one of the following legal documents:  
• Court documents signed by a judge showing that the participant, spouse, common law spouse or same gender domestic partner has adopted the child  
• International adoption papers from country of adoption  
• Papers from the adoption agency showing intent to adopt

Wisconsin law (Statute 69.24) strictly prohibits the copying of any vital records; therefore, if you live in the state of Wisconsin you must obtain and submit a true certified copy. DO NOT send originals or uncertified copies, as they will not be accepted.
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| Stepchild under age 19 | An unmarried stepchild, who relies on the participant for the majority of their financial support and maintenance. | **One of the following documents:**  
  - Page 1 and signature page of participant's 2008 or 2009 Federal Income Tax Return (1040, 1040A or 1040EZ) as filed with the IRS listing the child as dependent  
  - Page 1 and signature Certificate of Electronic Filing of participant's 2008 or 2009 Federal Income Tax Return (1040, 1040A or 1040EZ) as filed with the IRS listing the child as dependent  
  *(See FAQs as to how to mask personal financial data)*  
  **OR both of the following documents:**  
  - Documentation as previously identified and required for Spouse, Common Law Spouse or Same Gender Domestic Partner  
  - Birth Certificate |
| Child under age 19 for whom the participant, spouse, common law spouse or domestic partner has legal parental responsibility | An unmarried child for whom the participant, spouse, common law spouse or same gender domestic partner, as previously defined, has legal parental responsibility in accordance with the laws of the state in which they reside. | **The following document:**  
  - Court documents signed by a judge  
  **AND one of the following documents:**  
  - CU Affidavit for Dependent Children as proof of financial support and maintenance  
  - Copy of recent tuition payment  
  - Current school record or report card to show address as proof of residency  
  - Copy of drivers license with dependent's current address |
| Child under age 19 for whom the Plan has received a Qualified Medical Child Support Order | An unmarried child who is named as an alternate recipient with respect to the participant under a Qualified Medical Child Support Order (OMCSO) | **One of the following documents:**  
  - Court documents signed by a judge  
  - Medical support orders issued by a State agency |
| Dependent age 19-25 years of age | An unmarried dependent under age 25 of a participant, spouse, common law spouse or same gender domestic partner, as previously defined, who relies on the participant for their financial support and maintenance or residency. | **You must submit the required document(s) for one of the dependent categories as noted above, as proof that the dependent is your child or the child of you and your spouse/domestic partner (biological child, adopted, step, etc.)**  
  **AND one of the following documents:**  
  - CU Affidavit for Dependent Children as proof of financial support and maintenance  
  - Copy of recent tuition payment  
  - Copy of drivers license with dependent's current address |

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<tr>
<td>Disabled dependent</td>
<td>An unmarried dependent of any age of a participant, spouse, common law spouse or same gender domestic partner, who falls under one of the previously listed categories, and due to a mental or physical disability, is unable to earn a living. The dependent must have been continuously covered under the plan prior to turning 25, and must be wholly dependent upon the participant for support and maintenance.</td>
<td>• You must submit the required document(s) for one of the dependent categories as noted above, as proof that the dependent is your child or the child of you and your spouse/domestic partner (biological child, adopted, step, etc.) AND one of the following documents: • A medical certificate of disability • Notice of Determination from the Social Security Administration</td>
</tr>
</tbody>
</table>

RESOURCES TO OBTAIN DOCUMENTS:

CU website to obtain affidavits: [https://www.cu.edu/pbs/forms/](https://www.cu.edu/pbs/forms/)

Birth Certificates & Marriage Licenses: [http://www.cdphe.state.co.us/certs/](http://www.cdphe.state.co.us/certs/)

Children born outside the United States: [http://www.state.gov](http://www.state.gov)

If you have questions, please call Secova toll-free 24 hours a day, 7 days a week at 1-800-266-6644. Your call is confidential.

Wisconsin law (Statute 69.24) strictly prohibits the copying of any vital records; therefore, if you live in the state of Wisconsin you must obtain and submit a true certified copy. DO NOT send originals or uncertified copies, as they will not be accepted.