

## Windstream Services, LLC Life Event/Dependent Verification Instructions

If you are adding a dependent to coverage or amending coverage as a result of a life event<sup>1</sup>, you must provide proof of the life event/dependent's eligibility to the Mercer Marketplace Benefit Center. Documentation must be submitted based on the deadlines below.

**New Hire** - Deadline to submit documentation is **60 calendar days from date of hire**.

**Qualified Life Event** - Deadline to submit documentation is **60 calendar days from the life event date**.

**Life events requiring documentation include:**

- **Birth or adoption of a child**
- **Marriage**
- **Employee or dependent loss of other coverage**
- **Guardianship or legal custody of a child**

The following documentation is acceptable to provide proof of your life event or dependent's eligibility. The dependent that has been added to coverage must correspond to the dependent in the documentation you submit.

**Note: Please submit copies of all documentation as originals will not be returned.**

| If you experience.....  | Then you must submit....   |
|---|--|
| <b>Employee or Dependent loss of other coverage</b>                                   | <ul style="list-style-type: none"> <li>➤ Dependent verification documentation stated below is required to prove dependent eligibility in order to be added to benefits, <b>AND</b> one of the following documents that includes coverage end date and lists all dependents you wish to add to the Windstream plan:                             <ul style="list-style-type: none"> <li>• Certificate of Coverage from previous insurance provider</li> <li>• Letter from employer</li> <li>• Certificate of Coverage from governmental agency</li> <li>• COBRA paperwork</li> </ul> </li> </ul> |
| <b>If you add.....</b>  | <b>Then you must submit....</b>  |
| <b>Spouse</b>   | <p><b>One of the following:</b></p> <ul style="list-style-type: none"> <li>• A photocopy of your marriage certificate, <b>OR</b></li> <li>• Copy of most recently filed Federal Income Tax return (1040, 1040A, 1040EZ) listing spouse's name and marked either "Married filing jointly" or "Married filing separately". The entire tax return is not required, only the page that lists filing status and exemptions.*</li> </ul>   |
| <b>Child under the age of 26</b>  | <p><b>Natural Child - One of the following:</b></p> <ul style="list-style-type: none"> <li>• Photocopy of the child's birth certificate showing the employee's name as a parent, <b>OR</b></li> <li>• Copy of most recently filed Federal Income Tax return (1040, 1040A, 1040EZ) showing the child as a dependent.*</li> </ul>  |
|   | <p><b>Newborn Child - One of the following:</b></p> <ul style="list-style-type: none"> <li>• Photocopy of the child's birth certificate showing the employee's name as a parent, <b>OR</b></li> <li>• Certificate of Live Birth from the hospital showing the employee's name as a parent.</li> </ul>  |
|   | <p><b>Stepchild - One of the following:</b></p> <ul style="list-style-type: none"> <li>• Photocopy of child's birth certificate showing employee's spouse's name as a parent <b>AND</b></li> <li>• Documentation as noted for the "spouse" dependent type, <b>OR</b></li> <li>• Copy of most recently filed Federal Income Tax return (1040, 1040A, 1040EZ) showing the child as a dependent of the employee and spouse.*</li> </ul>   |
|   | <p><b>Legal Guardian, Adoption, Foster Child - One of the following:</b></p> <ul style="list-style-type: none"> <li>• Temporary or Final Court Order with presiding judge's signature seal, Adoption Final Decree with presiding judge's signature seal, <b>OR</b></li> <li>• Copy of most recently filed Federal Income Tax return (1040, 1040A, 1040EZ) showing the child as an eligible dependent type.*</li> </ul>   |
| <b>Disabled Child age 26 or older</b>   | Documentation as noted for the "child" dependent type above, <b>AND</b> Social Security Disability must have been awarded, please include SSI Award Letter.  |
| <b>Common Law Spouse</b><br><small>As determined by your employer and/or plan</small> | <p>A completed and signed Affidavit of Common Law Marriage.</p> <p><i>States that recognize common law marriages: Alabama, Colorado, District of Columbia, Georgia (if created before 1/1/97), Idaho (if created before 1/1/96), Iowa, Kansas, Montana, New Hampshire, New Mexico, Ohio (if created before 10/10/91), Oklahoma (if created before 11/1/98), Pennsylvania (if created before 1/1/05), Rhode Island, South Carolina, Texas, and Utah.</i></p>  |

\*If submitting a tax form for verifications, please mark out all Social Security Numbers and financial data, which appear on the tax form.

**If you have any questions regarding this request, or you experience a life event not listed above, please contact the Mercer Marketplace Benefit Center at 866 553 9409 and speak with a Benefit Counselor.**

<sup>1</sup>Your opportunity to make changes during the middle of the plan year is limited by the IRS rules that apply to employer-sponsored benefit plans, as your premiums are paid with pre-tax dollars. Under these rules, you can make changes to your benefit elections during the middle of the plan year only if you have a qualified life or status change event.

**Windstream Services, LLC Life Event/Dependent Eligibility Verification Form**

|   |  |
|---|--|
| <b>Employee Name:</b>                   |  |
| <b>Last 4 Digits of Employee's SSN:</b> |  |
| <b>Employee Location:</b>               |  |

| <b>Dependent Name</b> | <b>Relationship to You</b> | <b>Date of Birth (MM/DD/YYYY)</b> | <b>Documentation Included as Outlined on Instruction Page</b> |
|-----------------------|----------------------------|-----------------------------------|---|
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*Note: Processing delays may occur if the Life Event/Dependent Eligibility Verification Form is not received. Please submit copies of all documentation as originals will not be returned.*

**New Hire** - Deadline to submit documentation is **60 calendar days from date of hire.**

**Qualified Life Event** - Deadline to submit documentation is **60 calendar days from the life event date.**

**Instructions:**

1. Complete all necessary information on this form.
2. Sign and date this form.
3. Submit this form **and** the required documentation by email, mail or fax.
  - **Email:** [365DEVDelivery@mercer.com](mailto:365DEVDelivery@mercer.com)
  - **Mailing Address:** Mercer MarketPlace, PO Box 14501, Des Moines, IA 50306-3501
  - **Fax Number:** (515) 365-4364
4. Retain proof of submission.

**Acknowledgement:**

*I declare the information I am submitting to prove eligibility for myself and/or my dependents is accurate. I understand that if I provide false information I may be subject to disciplinary measures up to and including separation of employment.*

**Employee Signature** \_\_\_\_\_ **Date** \_\_\_\_\_