

Protecting Personal Information During the Dependent Audit

UA is concerned that employees protect their financial and personal information during the dependent audit verification process under way by ConSova. This sheet is to help you understand how to comply without compromising such information.

Historically, UA did not require documentation from employees to enroll spouses or dependents in UA's health plan. However, mistakes can occur, children grow up and spouses sometimes separate. To ensure fairness to all UA employees on the plan and to moderate costs, an audit is necessary.

ConSova started contacting each employee with one or more dependents enrolled in UA's health plan to ask for eligibility verification.

Make sure your name and UA identifiers are on all paperwork

John Smith UA # 30311223 Last 4 SSN: 1234

Dependent audit requirements

Confirm the eligibility of your dependents on the health plan before Feb. 28, 2011

Your last IRS 1040 – only through line 6 – is required; black out SSNs and financial data

For most employees, copies of marriage and birth certificates for dependents are required

Put your name, UA ID number and last 4 digits of your SSN on all verification documents

Form 1040 Department of the Treasury—Internal Revenue Service
U.S. Individual Income Tax Return 2010 (99) IRS Use Only—Do not write or staple in this space. OMB No. 1545-0074

For the year Jan. 1–Dec. 31, 2010, or other tax year beginning , 2010, ending , 20

Name, Address, and SSN
 Your first name and initial: John P. Last name: Smith
 If a joint return, spouse's first name and initial: Susan Last name: Smith
 Home address (number and street). If you have a P.O. box, see instructions. Apt. no.: 318 Your Street
 City, town or post office, state, and ZIP code. If you have a foreign address, see instructions. Anywhere, Alaska 99797

Filing Status
 1 Single
 2 Married filing jointly (even if only one had income)
 3 Married filing separately. Enter spouse's SSN above and full name here.
 4 Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here.
 5 Qualifying widow(er) with dependent child

Exemptions
 6a Yourself. If someone can claim you as a dependent, do not check box 6a.
 b Spouse.
 c **Dependents:**

(1) First name	Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) <input checked="" type="checkbox"/> if child under age 17 qualifying for child tax credit (see page 15)
William	Smith	[blacked out]	[blacked out]	[blacked out]
Amy	Smith	[blacked out]	[blacked out]	[blacked out]
Carl	Smith	[blacked out]	[blacked out]	[blacked out]

d Total number of exemptions claimed: 5

Boxes checked on 6a and 6b: 2
No. of children on 6c who:
 • lived with you
 • did not live with you due to divorce or separation (see instructions)
 Dependents on 6c not entered above: 3
 Add numbers on lines above: 5

Black out any financial data and all but the last 4 digits of your Social Security number. Black out entire SSNs for spouse/dependents. Do not include information below Line 6.

Your dependent's health coverage could be dropped if you don't contact ConSova with issues or difficulties by the Feb. 28 deadline. ConSova will assist anyone having difficulties obtaining documentation; UA will not drop dependents if legitimate issues arise during the verification process.

If you need help, contact ConSova's Assistance Center at 866-430-1267 or visit their dedicated website, www.consova.com/universityofalaska.