



MARYLAND
DEPARTMENT OF
BUDGET & MANAGEMENT

LARRY HOGAN
Governor

BOYD K. RUTHERFORD
Lieutenant Governor

DAVID R. BRINKLEY
Secretary

MARC L. NICOLE
Deputy Secretary

DATE: _____

TO: _____

FROM: _____
Agency Benefits Coordinator

RE: **Open Enrollment Dependent Verification Document Request
For Calendar Year covering January 1, 2019 to December 31, 2019**

Dependent(s): _____

Attachments: Dependent Verification Audit Worksheet and Applicable Affidavits

Open Enrollment records indicate that you added the dependent(s) listed above to your benefits coverage during the fall 2018 Open Enrollment process. All employees are required to provide verification documentation for dependents added to their coverage.

The Summary Statement generated during Open Enrollment placed a “~” next to the name of the added dependent. The Summary Statement indicated that you were to provide the documentation to me within 30 days of receipt of the Summary Statement. We have not received your documentation to date so you must provide the required documentation indicated on the attached Dependent Verification Audit Worksheet to me no later than **March 29, 2019 at 4:00 p.m.**

If you do not submit the required documentation, the dependent(s) you added during Open Enrollment will be removed from your coverage. Your next opportunity to add this dependent will be during the fall 2019 Open Enrollment period for a January 1, 2020 effective date.

If you have questions, please contact me at the phone number or email address listed below. Thank you for your cooperation in this matter.

Please contact me immediately if you have any questions:

My phone number is: _____

My fax number is: _____

My email address is: _____

My mailing address is: _____