**DEPENDENT SPOUSE ELIGIBILITY AUDIT**

October 1, 2017

Dear Participant:

The UFCW Unions and Participating Employers Health and Welfare Fund is conducting a dependent spouse verification audit. Please note, failure to provide the requested form and documentation will result in the loss of dependent coverage for your spouse.

Since you are a participant in the Fund and you currently have a spouse enrolled for dependent coverage, please fill out the enclosed form and return it to the Fund Office with the required documents by October 31, 2017.

Copies of a dependent spouse verification document, and the enclosed Dependent Verification Form, must be received by fax, mail, or email. A pre-addressed envelope is enclosed for your convenience. Should you have any questions, please contact the Fund Office at (800) 638-2972.

Mail:  
UFCW Unions and Participating Employers  
Health & Welfare Fund  
Attn: Eligibility Dept.  
911 Ridgebrook Rd  
Sparks, MD 21152-9451

Fax:  
(410) 683-7792

Email:  spousalaudit@associated-admin.com

Thank you for your cooperation.

Fund Office

Enclosure
United Food and Commercial Workers Unions
and Participating Employers
Health and Welfare Fund

911 Ridgebrook Road
Sparks, Maryland 21152-9451
Telephone: (410) 683-6500
(800) 638-2972
www.associated-admin.com

8400 Corporate Drive, Suite 430
Landover, Maryland 20785-2361
Telephone: (301) 459-3020
(800) 638-2972
www.associated-admin.com

VERIFICATION FORM

**Dependent Spouse**
- As stated in your Summary Plan Description,
  Your legally married spouse is eligible for benefits until the earliest of: (a) 3 years from
  the date of physical separation; (b) the date of divorce; or (c) the date of legal separation.

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<tr>
<th>Participant Information</th>
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<tbody>
<tr>
<td>Last Name</td>
<td>First Name</td>
<td>MI</td>
</tr>
<tr>
<td>Address</td>
<td></td>
<td></td>
</tr>
<tr>
<td>City</td>
<td>State</td>
<td>Zip Code</td>
</tr>
<tr>
<td>Telephone</td>
<td>Sex: M/F</td>
<td>Date of Birth</td>
</tr>
</tbody>
</table>

Marital Status:
- [ ] Married
- [ ] Single
- [ ] Widowed
- [ ] Divorced
- [ ] Separated

Date of Marriage:

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<tr>
<th>Spouse Information</th>
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</thead>
<tbody>
<tr>
<td>Last Name</td>
<td>First Name</td>
<td>MI</td>
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</tr>
</tbody>
</table>

If the address of participant and spouse are not the same, what is the date the physical separation started? ____________________________
I, ________________________________, certify that my spouse and I are still married and that we are not legally separated.

Please return this form to the Fund Office with one of the following:

- A copy of the front page of your 2016 federal tax return (Form 1040) confirming this dependent as a spouse. If taxes are filed “Married Filing Separately,” the front pages for both returns are required.
- A document dated within the last 60 days showing that the spouse lives at the participant’s address. This document must list your spouse’s name, the date, and your (the participant’s) mailing address. Health care bills cannot be accepted as proof, since health care coverage is being verified. Here are some examples: a mortgage statement, a rental contract, a credit card statement, a phone bill, a cable bill, a gas and electric or other utility bill.

Please mail, fax or email this form with documentation as indicated below.

Mail:  
UFCW Unions and Participating Employers  
Health & Welfare Fund  
Attn: Eligibility Dept.  
911 Ridgebrook Rd  
Sparks, MD 21152-9451

Fax:  
(410) 683-7792

Email:  
spousalaudit@associated-admin.com

IMPORTANT NOTICE: IT IS FRAUDULENT TO KNOWINGLY PROVIDE FALSE INFORMATION, OR TO KNOWINGLY CONCEAL INFORMATION FROM THE FUND IN AN EFFORT TO MAINTAIN DEPENDENT COVERAGE.

I, ________________________________, have read the above and I (Print Name) understand the information.

I further state that I personally completed this form and all information is complete and accurate.

Participant’s Signature: _________________________________

Spouse’s Signature: _________________________________

Date: _________________________________

Spousal Verification Form bns 10.2017