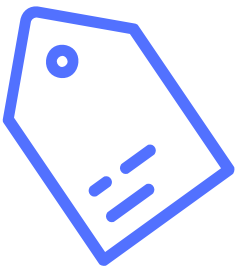**⟨ ebm ⟩**

Dependent Verification

As an employer, you want to protect the health and well-being of your employees and their families by offering the best healthcare coverage at the best possible cost. But covering ineligible dependents can leave you exposed. We're here to help you mitigate that risk.

HOW WE CAN HELP

Health insurance comes with a hefty price tag. If you don't have preventative safeguards in place, covering ineligible dependents may be silently impacting your bottom line.

✔ Maintain fiduciary responsibilities to plan participants by ensuring that only eligible individuals, as defined in the Summary Plan Description, receive benefits from the plan.

3–5%

Average annual total health plan costs we help employers save.

✔ Minimize exposure to compliance risk under Sarbanes-Oxley (SOX) and Employee Retirement Income Security Act (ERISA).

✔ Enrolling ineligible dependents is often unintentional, but can sometimes lead to difficult conversations. As an outside party, we act as a barrier to objectively assess eligibility.

Our Approach

	What is it?	**Who does it affect?**	**When does it occur?**	**Why is it conducted?**
Dependent Eligibility Confirmation Project	A comprehensive point-in-time audit	All covered dependents across your entire population	Post Open Enrollment, or prior to starting ongoing verification services	To identify and remove ineligible dependents from coverage
VS				
Ongoing Dependent Eligibility Verification	A perpetual verification solution	Previously unverified dependents	Throughout the entire year as new hires enroll or new dependents are added due to a life event	To prevent ineligible dependents from enrolling in coverage

HOW IT WORKS

7 simple steps to evaluating dependent eligibility

Whether we are conducting a one-time audit or managing ongoing verification, our process is designed to facilitate a simple yet comprehensive experience for employees and employers alike.

1 Determine criteria

We start by collaborating with your organization to outline eligibility criteria and devise a communication strategy.

2 Deploy communication

Plan participants receive information to educate them about who qualifies as an eligible dependent and what types of documents are acceptable as evidence of eligibility, along with instructions on how to upload supporting documentation by the provided deadline.

3 Collect documentation

Our secure web portal allows plan participants to easily upload required documentation using any desktop computer, laptop, tablet, or mobile device.

4 Begin audit

The audit process begins. As documentation is examined for validity, plan participants can login through the web portal to check the status of their submissions in real time.

5 Flag information

If information is missing or an invalid document is submitted, the document gets flagged along with the dependent. The employee is notified and given the opportunity to provide corrected information.

6 Reject and remove

Dependents who fail to pass the verification process within the given window are removed from coverage if already enrolled, or rejected from enrolling in coverage if the benefit election is pending.

7 Verify and approve

Dependents who pass the confirmation process as documentation is validated are verified and approved and enrolled into coverage.

Get started today: hello@getebm.com | 855-400-0792 | www.getebm.com