

(Termination Confirmation DEVA Letter - Sample)




NYSHIP
New York State
Health Insurance Program

Dependent Verification
PO Box 165308
IRVING, TX 75016-9923



DATE

 **PC or Mobile Upload:** www.VerifyOS.com

 **FAX** 1-877-223-8478

 **Go green at www.VerifyOS.com!**

JANE SMITH
80 ALBANY STREET
ALBANY, NY 12239

EID bar code

REFERENCE NUMBER: EID

Dear MS. SMITH,

Thank you for responding to the New York State Health Insurance Program (NYSHIP) Dependent Eligibility Verification Audit being conducted by HMS Employer Solutions. We have reviewed the information you provided, and the status of your dependent(s) is listed below:

Verified Dependent(s)

Jane Doe, Child

The verification process for the dependent(s) listed as "Verified" above is complete and no further action is required.

Terminated Dependent(s)

John Doe, Spouse

Dependent(s) listed as "Terminated" above will be removed from coverage as you have indicated.

If you are an enrollee of a Participating Agency that is offering Consolidated Omnibus Budget Reconciliation Act (COBRA) continuation of coverage as it relates to this verification project, please note that providing this information does not satisfy your obligation to notify your employer for purposes of such coverage. If you feel continuation of coverage could apply, please contact your Health Benefits Administrator immediately.

If you did not intend to remove the above dependent(s), please contact HMS Employer Solutions at (855) 893-8477 immediately from 8am to 11pm ET Monday through Friday to determine the appropriate document requirements.

Thank you for your cooperation with this important effort to control health care plan costs.

HMS Employer Solutions