



**MARYLAND**  
DEPARTMENT OF  
BUDGET & MANAGEMENT

LAWRENCE J. HOGAN, JR.  
Governor

DAVID R. BRINKLEY  
Secretary

BOYD K. RUTHERFORD  
Lieutenant Governor

**DATE:** \_\_\_\_\_

**TO:** \_\_\_\_\_

**FROM:** \_\_\_\_\_  
Agency Benefits Coordinator

**RE: Open Enrollment Dependent Verification Document Request  
For Calendar Year covering January 1, 2015 to December 31, 2015**

**Dependent(s):** \_\_\_\_\_  
\_\_\_\_\_

**Attachments:** Dependent Verification Audit Worksheet and Applicable Affidavits

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Open Enrollment records indicate that you added the dependent(s) listed above to your benefits coverage during the fall 2014 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 **February 26, 2015 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. At that time, you will be notified with an updated Summary Statement showing your dependent has been removed. Your next opportunity to add this dependent will be during the fall 2015 Open Enrollment period for a January 1, 2016 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: \_\_\_\_\_

\_\_\_\_\_