



**Communications Workers of America Local 4250/CTU#16, Chicago IL**  
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Published: June 27, 2017

# **IMPORTANT REMINDER: RETIRED & ACTIVE AT&T MEMBERS - VERIFY STATUS OF DEPENDENTS COVERAGE FOR HEALTHCARE**

Please inform retirees and active members about the importance of submitting the required documentation to verify status of their dependents coverage for healthcare. We don't want any of our retirees or active member's dependents to lose eligibility under the benefit plan because they have not verified the status of a dependent. **REMEMBER: The verification of dependents is time sensitive!**

In Unity-Strength & Solidarity:

Steve Tisza, President  
CWA Local 4250 Retired Members' Chapter #210  
Chicago

The following letter is from:

Jeffrey Mains  
Assistant Vice President  
AT&T Health Plans

Last year AT&T launched a multi-year dependent verification initiative. This initiative is projected to continue through 2018, and will validate that all current and former AT&T employees are covering only eligible dependents under AT&T Benefit Plans. Verifying the eligibility of dependents is part of AT&T's normal administrative process, both during initial



enrollment and ongoing.

In 2016, dependent verification requests were distributed to a portion of our retirees covering dependents under the AT&T company sponsored benefit programs. For 2017, we are expanding to include much of our active population as well as retirees not included last year. This includes retirees covering dependents under AT&T company sponsored benefit programs and Medicare eligible dependents enrolled in the AT&T Medicare Eligible Health Reimbursement Account Program in connection with participation in the Aon Retiree Health Exchange.

The retiree verification initiative is divided among multiple verification waves that open over the month of June. Participants have 60 days to complete the verification or request an extension, and will receive numerous communications throughout the process, including:

- 5 mailings to preferred home address on file
- 2 emails (to those with email addresses on file)
- 2 outbound calls (to those with phone numbers on file)

Dependents whose status is not verified through specified documentation, or who are voluntarily dropped, will lose eligibility under the programs following the end of their wave timeframe. A communication will go out to the impacted participants informing them of their dependent's status, along with instructions for applying for COBRA (if applicable).

Any participants who have a dependent dropped from coverage, but believe they meet eligibility requirements, can file a claim to have coverage reinstated retroactively to the date that coverage was dropped. To initiate a claim, participants should contact the AT&T Benefits Center at 877-722-0020. Participants with outstanding questions about their dependent verification responses can also contact the AT&T Benefits Center (select the dependent verification prompt) and speak to the dependent verification team.

Additionally but separate from this project, AT&T is conducting a review of retirees under age

65 and their dependents covered under an AT&T medical plan. The purpose of this review is to assess participant's Social Security disability benefits and Medicare eligibility status and determine if they could benefit from additional assistance with enrollment or understanding how to use Medicare coverage to its full advantage.

AT&T has retained the services of Allsup to assist with the process of compiling and reviewing this information. Allsup is a consulting firm specializing in Social Security and Medicare benefits. There is no charge to participants for the Medicare services. Initial letters will be mailed in multiple waves during June and July.

Feel free to send this information to the retiree coordinators.