

Mastery Schools' Processing Cover Sheet

To: Mastery Schools' Benefits Department/ Client Solutions Team

Email: employeesolutions@corpsyn.com

From: Employee Name: _____

Date: _____

Employee ID/Last 4 of SSN: _____

#Pages: _____

Phone Number: _____

Including cover _____

Submit this form & substantiating document(s) to employeesolutions@corpsyn.com or fax to 215-240-1675.

Once you have submitted your documentation, please allow 7 business days for processing.

Verification for Newly Added Dependents

Note: Only ONE form of documentation for each dependent is required

<input type="checkbox"/>	<p>If you are adding a Spouse, you will need to provide:</p> <ul style="list-style-type: none"> ○ Marriage certificate OR Current tax form (first page with spouse listed) <p>If you are adding a domestic partner, you will need to provide:</p> <ul style="list-style-type: none"> ○ Completed Domestic Partner Affidavit and supporting documentation The affidavit is located on the "Forms" section of SmartBen <p>If you are adding a Child(ren) under Age 26, you will need to provide:</p> <ul style="list-style-type: none"> ○ Birth certificate or crib sheet with child & parents' name(s) listed ○ Approved adoption decree or placement for adoption documentation ○ Legal guardianship documentation ○ Current tax form (first page with dependent(s) listed) ○ QMCSO qualified order
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Verification for Qualifying Life Events

	Event	Required Supporting Documentation
<input type="checkbox"/>	Birth or Adoption of Child under Age 26 <i>Note: Only ONE form of documentation for each dependent is required</i>	Birth certificate or crib sheet with child & parents' name(s) listed Approved adoption decree or placement for adoption documentation Legal guardianship documentation Current tax form (first page with dependent(s) listed) QMCSO qualified order
<input type="checkbox"/>	Marriage of employee	Marriage certificate OR Current tax form (first page with spouse listed)
<input type="checkbox"/>	Addition of Domestic Partner	Completed Domestic Partner Affidavit and supporting documentation
<input type="checkbox"/>	Divorce/ Annulment	Divorce Decree
<input type="checkbox"/>	Dissolution of Domestic Partner	Completed Domestic Partner Dissolution Form
<input type="checkbox"/>	Death of Dependent	Death Certificate
<input type="checkbox"/>	Loss of Other Coverage	Copy of COBRA notice OR Letter from spouse/DP/parent's employer stating loss of coverage date
<input type="checkbox"/>	Now eligible for other coverage (Gain of Insurance)	Letter from new plan sponsor or proof of other coverage (Including effective date of coverage)
<input type="checkbox"/>	Spouse/Child gained coverage due to employment status change	Letter from spouse's/DP's/parent's employer confirming change and effect on medical coverage
<input type="checkbox"/>	Spouse/Child lose coverage due to employment status	Certificate of Credible Coverage from prior carrier or letter from spouse's/DP's/Child's prior employer
<input type="checkbox"/>	Day Care Change	Letter from day care provider

Please note that all life event documentation must include the effective date of the change and must be provided within 30 days of the date of your life event order to be eligible.

If you have any questions regarding the documentation required, contact BenefitsVIP at (866) 286-5354 / Monday - Friday 8:30 am - 8:00 pm (except holidays).