



# Seattle Fire Fighters HealthCare Trust

Administered by Vimly Benefit Solutions, Inc.

PO BOX 6

Mukilteo, WA 98275-0006

Phone 206.859.2693 – Fax 866.676.1530 – Email [SFFHCT@vimly.com](mailto:SFFHCT@vimly.com)

Name:

Address:

Address:

Dear SFFHCT Member,

The Seattle Fire Fighters HealthCare Trust is committed to up-to-date record keeping and providing a comprehensive benefits package to employees and their families. As a part of our efforts, we must verify the eligibility of all covered dependents enrolled in the plan.

As a result of this, the Trust will be completing a Dependent Eligibility Verification Audit (DEVA). The purpose of this audit is to ensure that only eligible dependents are covered under the plan.

Thank you in advance for your participation in this process. Everything you need to know to complete this audit is included in this mailing, including two FAQ pages. Should you have additional questions, please contact us at the information above.

The audit begins on **OCTOBER 1<sup>ST</sup>, 2023** and will end on **DECEMBER 31<sup>ST</sup>, 2023**. **ALL EMPLOYEES WITH ENROLLED DEPENDENTS MUST COMPLETE THESE STEPS BY DECEMBER 31<sup>ST</sup>, 2023 IN ORDER TO AVOID DEPENDENT TERMINATION.**



Read this audit instruction letter carefully. Note the audit deadlines, read over the FAQ's, and verify your dependent information is correct on the [Dependent Verification Remittance Form](#).



Access the SFFHCT website at <http://sffu.simon365.com> and log in. If you have not previously set up a username and password, check your inbox and junk email for an invite sent on September 29, 2023. If you do not have an invite, please email the Trust Office at [sffhct@vimly.com](mailto:sffhct@vimly.com) to receive an email invitation.



Use the required documentation instructions to determine what documents you will need to provide for each of your dependents currently enrolled in the SFFHCT.



Submit required documents via SIMON, Email, Fax, or Mail. Instructions for this process are on page 2.



A confirmation will be mailed to you once you have successfully completed the dependent eligibility verification audit.



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You may select from several submission methods to complete your DEVA. See below for the process. Original documents should NOT be submitted, and copies of documents will not be returned to you.

## **Online Process**

- Gather copies of your dependent eligibility documents.
- Navigate to <http://sffu.simon365.com>.
- Login using your username and password.
  - If you do not have an account, select "Register" below the username and create an account using the registration code "SFFHCT."
- Follow the below steps once you are logged in:
  - Select "My Dependents" on the left side of the screen.
  - Review Dependents listed.
    - Please note, previously terminated dependents will still be listed but will have a "Stop Date" listed next to their names.
  - *If you need to remove a dependent:*
    - *Select "Terminate Dependent(s)" at the top right in Red.*
    - *Select the name of the dependent(s) you want to remove.*
    - *You can select the reason "Loss of Dependent Status."*
    - *Enter the termination date of December 1st, 2023.*
    - *Select "Edit then Terminate."*
      - *Update Employee Demographic information if necessary.*
  - Select "Next: Beneficiaries"
    - Review/add/remove beneficiaries for your life insurance policy.
  - Select "Next: Review Summary"
    - Review your summary of changes.
  - Finish the process by Signing Electronically.
  - Once you have finished that process and are back to your dashboard, navigate to "Documents & Links."
    - Upload proof of eligibility documents in "Documents & Links." The Trust office will be notified any time a document is uploaded.
- The process is completed. Please allow time to receive a DEVA audit completion or request for additional information letter in the mail.
- Please note, Open Enrollment (OE) is going on during this same time. You cannot terminate dependents during the OE process online. OE and DEVA will need to be done separately.

## **Paper Process**

- Fill out the attached Dependent Verification Remittance Form.
- Gather copies of your dependent eligibility documents.
- Return all the required documents by Mail (in the letterhead above) or scan/take pictures of the documents and send them in by Email or Fax (in the letterhead above).



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## Important Dates

<b>October 1, 2023</b>	Beginning of Amnesty Period Beginning of Document Submission
<b>December 31, 2023</b>	Last Day of Amnesty Period Last Day to Submit Dependent Verification Remittance Form and proof of eligibility documents.
<b>January 1st, 2024</b>	Termination of Ineligible dependents - due to self-reporting during Amnesty or inability to provide proof of eligibility documents.

## Important Terms

<b>Amnesty</b>	Timeframe in which employees may remove ineligible dependents from the benefit plan without penalty.
<b>Audit Status</b>	Each employee who completes the process in SIMON will have an audit status of " <i>pending</i> " in SIMON until all necessary forms and proof of eligibility documents have been received and approved for each dependent. At that point, the audit status will change back to " <i>Active</i> ", and a confirmation letter will be sent.
<b>Termination</b>	The process of removing ineligible dependents from the benefit plan.



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## Dependent Type and Required Documentation for Seattle Fire Fighters HealthCare Trust

Dependent Type	Definition	Required Documentation
<b>Spouse</b>	An individual who is a legally recognized husband or a wife of the member.	<ul style="list-style-type: none"> <li>Photocopy of the official marriage license.</li> </ul> <b>AND</b> <ul style="list-style-type: none"> <li>A copy of the first page of Federal Form 1040<sup>1</sup> that identifies member-spouse relationship is current</li> </ul>
<b>Domestic Partner</b>	An individual who is a legally recognized as a domestic partner or who otherwise meets the Trust's domestic partner eligibility requirements.	<ul style="list-style-type: none"> <li>Certificate of Domestic Partnership</li> </ul> <b>AND</b> <ul style="list-style-type: none"> <li>Domestic Partner Affidavit (<i>located on SIMON in "Documents &amp; Links"</i>)</li> </ul> <b>AND</b> <ul style="list-style-type: none"> <li>A copy of EACH INDIVIDUAL's first page of Federal Form 1040<sup>1</sup> that identifies the same primary residence on each form</li> </ul>
<b>Dependent Child or Children</b>	Children under the age of 26, including stepchildren, legally adopted children, court ordered custody, and children for which you have legal guardianship.	<ul style="list-style-type: none"> <li><b>Natural/Biological Child</b> – Photocopy of the birth certificate which shows the employee as a parent OR a copy of the first page of Federal Form 1040<sup>1</sup> that identifies employee-child relationship is current</li> <li><b>Step Child</b> - Photocopy of child's birth certificate (must indicate spouse as parent), a copy of the marriage certificate, AND a copy of the first page of Federal Form 1040<sup>1</sup> that identifies employee-child relationship is current</li> <li><b>Legal Adoption</b> - Photocopy of Petition of Adoption OR a copy of the first page of Federal Form 1040<sup>1</sup> that identifies employee-child relationship is current</li> <li><b>Legal Guardianship</b> – A sworn statement document that includes the date of petition for legal guardianship and the date the child established residency OR a statement from the court verifying legal guardianship has been granted OR a copy of the first page of Federal Form 1040<sup>1</sup> that identifies employee-child relationship is current</li> <li><b>Court Order</b> – Photocopy of the court ordered custody document OR a copy of the first page of Federal Form 1040<sup>1</sup> that identifies employee-child relationship is current</li> </ul>
<b>Disabled Dependent Child or Children</b>	Children over age 26 if they are Disabled and incapable of self-support and have been continuously covered by the Plan until their 26th birthday.	<ul style="list-style-type: none"> <li>A photocopy of Social Security disability award</li> </ul> <b>OR</b> <ul style="list-style-type: none"> <li>Original signed physician statement and notarized Health Care Affidavit</li> </ul>



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## DEVA Frequently Asked Questions

Type	Question	Answer
Process	Why is Seattle Fire Fighters HealthCare Trust conducting the dependent audit?	Health care continues to be one of the fastest-growing costs for employers and employees alike. A dependent verification process serves a very important purpose – it makes sure health care dollars are spent on the bargaining unit members and their families that are actually eligible for such benefits under the Seattle Fire Fighters HealthCare Trust.  Audit experience shows that some dependents remain covered even though they are no longer eligible under the rules of the health plan. Paying for the health care expenses of ineligible dependents increases the overall cost of health care for all Seattle Fire Fighters HealthCare Trust members. We have, therefore, decided to move forward with the verification process to remove ineligible dependents from the company's benefit program.
Process	Who will be conducting the audit?	Seattle Fire Fighters HealthCare Trust administrator, Vimly Benefit Solutions, will be completing the DEVA audit
Process	What do I have to do and how will I know I'm done?	Review the <b>first 2 pages of this letter</b> that goes over the instructions for the DEVA. When you have finished all the audit steps, you will receive a letter in the mail telling you that the audit is complete.
Process	What is the deadline for submitting the required documentation?	The deadline to submit the required documentation is <b>December 31, 2023</b> .
Process	If I completed the DEVA audit in 2016, do I need to complete it again?	Yes. We need to continually update records and verify current information for every member.
Process	What if I added a dependent in 2023 and do not have a Federal Form 1040 with them on it?	Please still provide us with your most recent Federal Form 1040, the required documents for your dependent(s), and go through the paper or online process. We will honor keeping on 2023 eligible dependents during this DEVA audit without them being listed on Form 1040 as long as the other steps are completed.
Process	I completed Open Enrollment, does that count as completing DEVA?	NO – Open Enrollment is separate from this audit. They will be occurring during the same time, with DEVA being an extended process, but going through Open Enrollment will not be considered completing DEVA. See steps on Page 2 for how to complete DEVA.
Process	What happens if I do not submit the required documentation by the due date?	If an employee is unable or unwilling to provide the required documentation to verify the eligibility of a dependent, the dependent will be removed from coverage. The employee may be required to pay full COBRA premiums for non-eligible dependents who have (incorrectly) remained enrolled on the Plan. Such payments will be expected for retroactive periods for up to twelve months.
Eligibility	Who is eligible for Seattle Fire Fighters HealthCare Trust coverage?	The following dependent types are eligible for coverage: - <b>Spouse</b> - <b>Domestic Partner</b> - <b>Dependent Child</b>
Eligibility	What happens if I am covering someone that is NOT an eligible dependent under Seattle Fire Fighters HealthCare Trust?	Seattle Fire Fighters HealthCare Trust is allowing an amnesty period during which employees will have the opportunity to voluntarily identify any ineligible dependents and avoid any penalties or other legal action. <b>The Amnesty Period begins on October 1, 2023 and ends on December 31<sup>st</sup>, 2023.</b>



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## DEVA Frequently Asked Questions - (continued)

Type	Question	Answer
Eligibility	What should I do if I am the only one currently covered by Seattle Fire Fighters HealthCare Trust health plans?	<p>If you do not cover any dependents under the Seattle Fire Fighters HealthCare Trust benefit plan, you are not required to do anything during this verification process.</p> <p>If you wish to add an eligible dependent to your plan, you may do so during Open Enrollment or within 30 days of a qualifying life event, such as marriage or the birth of a child. Life event changes should be communicated through the SFFHCT system: <a href="http://sffu.simon365.com">http://sffu.simon365.com</a> and required documentation must be submitted.</p>
Eligibility	What are my options for continuing coverage for my ineligible dependents?	Contact the Trust Office at 206-859-2693 by email at <a href="mailto:sffhct@vimly.com">sffhct@vimly.com</a> if you would like COBRA benefit continuation information.
Document	What type of documentation is required to be submitted?	A list of required documentation by dependent type can be found on the <b>Dependent Type and Required Documentation</b> chart on page 3 of this instruction letter.
Document	Are copies of documents acceptable?	Yes. Electronic or paper copies should be submitted. <b>Original documents should NOT be submitted.</b> Documentation that is submitted will not be returned to you.
Document	How can I submit my dependent's required documentation?	<p>Documentation can be uploaded through the Seattle Fire Fighters HealthCare Trust website, emailed, faxed, or sent via U.S. mail.</p> <p><b>Website address:</b> <a href="http://sffu.simon365.com">http://sffu.simon365.com</a></p> <p><b>Email:</b> <a href="mailto:SFFHCT@vimly.com">SFFHCT@vimly.com</a></p> <p><b>Fax number:</b> 866-676-1530</p> <p><b>Mailing address:</b> Seattle Fire Fighters HealthCare Trust Audit, PO Box 6, Mukilteo, WA 98275</p>
Document	How do I upload a document to the website?	First, scan your documents or take a picture of the documents and save them to your computer. Next, navigate to the website and sign in. At the Welcome Screen, click the "Documents & Links" tab on the left. Click Upload Document and follow the prompts to attach and upload your document(s). The Trust office will be notified each time a document is uploaded.
Document	What happens to the required documentation once it has been received?	Documentation will be reviewed and verified. The determination of dependent eligibility will be entered into a secure database.
Document	I can't find my documentation or I have questions. Who should I contact for help?	<p><b>Marriage certificate:</b> generally, you may obtain a copy of a marriage license at the county clerk's office in the county of the marriage.</p> <p><b>Birth Certificate:</b> contact the office of vital statistics in the state of birth</p> <p><b>Tax Forms:</b> review your most recent tax filings that you submitted to the IRS or contact your tax preparer or ask the IRS for a free copy of your Federal Income Tax Transcript at <a href="http://www.irs.gov">www.irs.gov</a>.</p>
Document	Will the documentation submitted for this project be used for any other purpose?	No. The documentation will <u>only</u> be used for the purpose of verifying dependent eligibility under Seattle Fire Fighters HealthCare Trust benefit plans.
Document	Will I receive confirmation that my documentation was received and my audit is complete?	Yes. You will receive a confirmation letter in the mail once your dependent verification is complete. If your documentation was processed and it was determined to be incomplete, then you will receive notification as to what is missing.



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## Dependent Verification Remittance Form

**Return This Page with a Copy of Your Dependent Eligibility Documentation**

Member Name:

**Please indicate the current status of each covered dependent:**

<u>Eligible Dependent?</u> <u>(circle)</u>	<u>Name</u>	<u>Date of Birth</u>	<u>Relationship</u>
Yes or No			
Yes or No			
Yes or No			
Yes or No			
Yes or No			
Yes or No			
Yes or No			
Yes or No			
Yes or No			
Yes or No			
Yes or No			

If you selected "No" to any of the above dependents listed, you MUST use the **Seattle Fire Fighters HealthCare Trust eligibility website** to terminate their coverage before January 1<sup>st</sup>, 2024 to avoid penalty. The Seattle Fire Fighters HealthCare Trust eligibility website can be accessed directly at: <http://sffu.simon365.com>.

Are you aware of dependents covered on your benefit plan that are not listed above? If so, please list them below and use SIMON to add these dependents to your plan. If not, continue to the affidavit section below.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

### **Affidavit of Dependent Eligibility**

I attest to the validity of the above information pertaining to my dependents as being accurate and truthful. I understand that intentionally misrepresenting the details regarding my dependents and their benefits eligibility will have consequences up to and including, loss of benefits, reimbursement of paid claims, recouping any payments made to medical providers, and potential legal action by the Seattle Fire Fighters HealthCare Trust.

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**Employee Signature**

**Date**

