



November 27, 2006

Joe Employee  
Any Street  
Any town, OH zip

Subject: **DEPENDENTS HAVE BEEN REMOVED FROM YOUR HEALTH COVERAGE**

Dear Employee:

The recent Dependent Audit for the ABX Air, Inc. health plans has completed and we regret to inform you that we did not receive the required paperwork (or the paperwork was incomplete) to keep the following dependent(s) on your health plans:

Name of Dependent 1  
Name of Dependent 2

The dependents listed above have been removed from your coverage effective Dec. 31, 2006. If the loss of dependents changes your coverage level, the payroll deduction will be adjusted for the first pay period in January. This election change was made for you as part of the open enrollment period.

It is your responsibility to ensure that your enrolled dependents meet, and continue to meet, the requirements for eligible dependents under ABX Air Health plan. **If you feel your dependent meets the criteria of an eligible dependent and wish to appeal this removal, please send proof of eligibility to the Benefits Department at 145 Hunter Drive, Wilmington, OH 45177, Attention Dawna Barney/2061-B before Dec. 6, 2006.** Turn this letter over to find a list of documents that may be submitted for proof of eligibility.

If you have a question about this letter or requirements for eligible dependents, please contact the Benefits Department at (800) 736-3973 x62150 between 8:00 a.m. and 5:00 p.m. Eastern Time.

Sincerely,

Jeff Walling  
Benefits Manager

Cc: Joe Employee at Location and work area

### **Definition of Eligible Dependents**

Under the terms of the ABX Air health benefits program, an eligible employee may list for enrollment:

- ◆ Legal spouse.
- ◆ Unmarried children under age 19 including your natural children, legally adopted children, children placed for adoption, stepchildren residing with you and any other children supported solely by you and permanently residing with you, provided you are their legal guardian or you claim the children as dependents for federal income tax purposes.
- ◆ Unmarried children from age 19 until age 23 who are registered students in full time attendance at an accredited university or similar institution of learning and who are dependent on you for support and for whom you are entitled to an income tax exemption.
- ◆ Unmarried child who is incapable of self-sustaining employment by reason of developmental disability or physical handicap, provided such child was covered under this Plan at the time of disability and immediately prior to his or her 19<sup>th</sup> birthday or 23<sup>rd</sup> if a student.

### **Acceptable Forms of Proof**

The following will be considered appropriate documentation to provide proof of dependent status:

- ◆ Spouse –
  - Copy of legal marriage certificate (state or county document or a church, synagogue, or mosque certificate will be acceptable)
  - Affidavit of common-law marriage in states where legal (please call the ABX Benefits Dept. to receive copy of required affidavit form)
  - Copy of Federal tax return papers indicating spouse (can black out financial information, but spouse name must be visible)
- ◆ Unmarried natural or adopted children under age 19 –
  - Copy of county/state issued or a hospital birth certificate if it contains employee's name
  - Copy of legal adoption paperwork
  - Qualified Medical Child Support Order (QMCSO) - You may not remove child, even if amnesty letter indicated removal
  - Copy of Federal tax return papers indicating dependents (can black out financial information, but dependent name(s) must be visible)
- ◆ Unmarried stepchildren and/or any other children under age 19 –
  - Copy of legal guardianship paperwork issued by the courts
  - Federal tax return papers indicating dependents (can black out financial information, but dependent name(s) must be visible) plus documentation from school, daycare, or pediatrician stating the child lives in the employee's home or affidavit declaring residency (please call the ABX Benefits Dept. to receive copy of required affidavit form)
- ◆ Unmarried child (natural, adopted, stepchildren, or other) from age 19 until 23 –
  - Proof of dependent child status as listed in sections above, PLUS official university/college documentation that indicates full-time student status in Summer 2006 or Fall 2006
- ◆ Disabled child over age 19 –
  - Proof of dependent child status as listed above, PLUS documentation from Social Security or the attending Physician.