



RESPONSE REQUIRED BY MARCH 31, 2020

March 18, 2020

Dear Railroad Employee,

You were previously sent letters dated January 1, 2020 and February 15, 2020, advising that The Railroad Employees National Health and Welfare Plan and The National Railway Carriers and United Transportation Union (NRC/UTU) Health and Welfare Plan (each a “Plan”) are conducting a spouse eligibility audit to ensure that only eligible spouses are covered by the Plans. As part of this audit, you are required to submit documentation verifying that you are still married to the spouse listed on Plan records. **You are receiving this follow-up letter because you have not responded – to avoid interruption or discontinuation of coverage for your spouse (as defined in Plan records) you must submit proper documentation by March 31, 2020.**

The Plan defines an “eligible spouse” as the employee’s spouse, including a same sex spouse. An eligible same sex spouse under the Plan requires that a marriage ceremony must have occurred in a state or foreign country that both recognizes same sex marriage and issued a certificate of marriage. Additionally, a common law marriage is eligible only if you live in a state that recognizes common law marriage and the proper documentation is submitted. A domestic partner and/or a civil union partner is not an eligible spouse for purposes of coverage under the Plan.

The enclosed form provides a list of acceptable documents and instructions on how to verify your marital status. It is imperative that you respond to this request and either: (1) provide acceptable documentation that you are still married to the spouse listed on Plan records, or (2) confirm that you are no longer married to the spouse listed on Plan records. If you respond that you are no longer married to the spouse listed on Plan records, coverage for your former spouse will be terminated under the Plan, as well as the Railroad Employees National Dental Plan and the Railroad Employees National Vision Plan, effective as soon as administratively practicable. **If you do not respond or you provide inadequate documentation, coverage for your spouse (as identified in Plan records) will be terminated as soon as administratively practicable following the end of the audit period (March 31, 2020).** Additionally, if your spouse (or former spouse) is disenrolled from the Plan, any stepchildren associated with the marriage, if applicable, will also be disenrolled unless you submit satisfactory proof of legal adoption.

Please note that if you voluntarily come forward during this time period to request that an ineligible spouse and any stepchildren be removed from the Plan, you will not be penalized or required to pay back any claim charges.

If you have any questions about this letter or need additional information, please call Railroad Enrollment Services at 1-800-753-2692.

Railroad Enrollment Services

Acceptable Documents to Verify Your Spouse’s Eligibility

Please submit one of the following documents:

- The first page of your 2018 or 2019 IRS Form 1040 federal tax return (you may black out any income amounts listed) confirming you and your spouse are still married.
- A joint banking statement dated no earlier than July 1, 2019.
- Other satisfactory documentation dated no earlier than July 1, 2019. Please contact Railroad Enrollment Services at 1-800-753-2692 to confirm the document is acceptable.

The document should include your name, the name of your spouse, your mailing address, and the date. If mailing documentation, please send photocopies only. We will not return your materials.

Method to Verify or Remove Your Spouse from the Plan

Please select one of the following options:

Option 1 Online - You can securely attest electronically via www.yourtracktohealth.com. On the home page in the upper right hand corner, click on the blue box stating “SPOUSE AUDIT- Click here to verify your spouse”. To verify your spouse’s eligibility, check the confirmation box and upload the appropriate documentation. To remove your spouse (and any stepchildren associated with the marriage, if applicable) from the Plan, click “delete” and select the appropriate reason. Please note that if you choose to attest electronically, you will be **required** to upload your documents prior to finishing your confirmation.

Or

Option 2 By Mail - If you choose to reply by mail, please check the appropriate box below, sign and date, and mail proper documentation in the envelope provided. If you use an envelope other than the one provided, please use the following address: Railroad Enrollment Services, PO Box 30601, Salt Lake City, UT 84130-0601.

Please check the appropriate box below:

- I hereby attest that the above listed person is still my spouse. I understand the eligibility requirements and I have enclosed the required documentation to substantiate the relationship of my enrolled spouse.
- The above listed spouse (and any stepchildren associated with the marriage, if applicable) is no longer eligible as of _____. (If no date is provided, we will use the date this form is signed). No additional documentation is required.

Please sign your name (employee name) and date:

Employee Name

Date