

Enrolled Dependents

Instructions

If you enroll one or more dependents in a TeleTech benefits plan you need to enter their Social Security Numbers, gender and date of birth in Oracle when you enroll. You also need to provide proof of your dependent's eligibility within the first 31 days of coverage.

Here's how:

1. **Complete the Enrolled Dependents Form** (next page).
2. **Look at the chart below** to see which documents can be used to verify your dependent's eligibility.
3. **Upload the form and acceptable proof of eligibility** to ASK Now-HC by the last day of the month in which your benefits become effective.

Note

If you do not provide proof by the last day of the month in which your benefits become effective, your dependent(s) will be dropped from coverage and you will not be able re-enroll your dependent(s) until the next open enrollment period unless you have a qualifying event during the year. At such time you will still be required to provide proof of your dependent(s) eligibility.

| Dependent | Eligibility Requirement | Acceptable Proof of Eligibility |
|---------------------------------------|--|--|
| Your Spouse | Married to you under state law | <ul style="list-style-type: none"> • Copy of the first page of one of your tax returns from the past two years (please black out your financial information); OR • Copy of your valid marriage certificate or license |
| Your Common-law Spouse | In a common-law marriage with you as defined by state law | <ul style="list-style-type: none"> • Common-law affidavit (available on MyBenefits.TeleTech.com); AND • One of the following: <ul style="list-style-type: none"> ○ Current proof of joint mortgage or joint tenancy on a residential lease ○ Joint bank account or joint liabilities (e.g., credit cards) |
| Your Same-sex Domestic Partner | In an on-going relationship with you as defined by the same-sex domestic partner affidavit | <ul style="list-style-type: none"> • Same-sex domestic partner affidavit (available on MyBenefits.TeleTech.com); AND • One of the following: <ul style="list-style-type: none"> ○ Current proof of joint mortgage or joint tenancy on a residential lease ○ Joint bank account or joint liabilities (e.g., credit cards) |
| Your Children | Dependents up to age 26; please see your benefits guide for detailed requirements | <ul style="list-style-type: none"> • Natural born child: birth certificate • Adopted or foster child: legal documentation or birth certificate • Stepchild: marriage license or affidavit AND birth certificate |
| Your Disabled Children | Disabled by age 19 | <ul style="list-style-type: none"> • Any one of the documents listed in the "Your Children" category above; AND • Physician statement certifying that the dependent child is incapable of self-sustaining employment due to a mental or physical disability that began prior to age 19 |

Upload this form with the acceptable proof of eligibility as shown on the chart to an ASK Now-HC ticket **by the last day of the month in which your benefits become effective**. You can scan the documents or take clear pictures.

ASK Now-HC

Date: _____ ASK Now-HC Ticket Number (if applicable): _____

About You

Your Name: _____

Employee ID (Oracle Number): _____ Location: _____

Please check the box that most accurately describes why you're eligible for benefits at this time and include the date on which the event occurred.

| Event | Date of Event |
|---|---------------|
| <input type="checkbox"/> Newly hired | _____ |
| <input type="checkbox"/> Rehired/reinstated employee | _____ |
| <input type="checkbox"/> Open enrollment | _____ |
| <input type="checkbox"/> Status change from part-time to full-time | _____ |
| <input type="checkbox"/> Qualifying event (e.g., marriage, divorce, child birth) | _____ |

About Your Dependents

For each dependent you plan to enroll, list his or her name, relationship to you and birthdate. If you need more space, please list additional dependents on a separate piece of paper.

| Dependent's Name | Relationship to You | Birthdate |
|------------------|---------------------|-----------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Your Signature

I certify that my dependent(s) meet TeleTech's dependent eligibility requirement. I also understand that if I do not provide proof of my dependent's eligibility, he or she will be removed from coverage.

Signature: _____ Date: _____

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