Dear John Smith:

As part of Banner Health’s ongoing efforts to ensure our benefit plans meet regulatory requirements and to help manage the cost of our plans for you and for Banner, we are conducting a review to verify that only eligible dependents are enrolled in our medical, dental and vision plans.

You are receiving this letter because you have at least one dependent enrolled in these benefit plans, and you must take action by April 23, 2014.

Enclosed is a letter from ConSova, a benefits audit firm that Banner has hired to verify dependent eligibility. The verification process and what is required from you is explained in great detail in the ConSova letter. We’ve also included a list of Frequently Asked Questions (FAQs).

- In order to confirm eligibility and keep your dependents enrolled in your Banner plans, you must provide the required documentation (indicated in the ConSova letter) by April 23, 2014.
- You must submit documentation for this audit, even if you have previously provided this information. This is a new audit and each dependent’s eligibility must be newly documented during this review.
- Failure to respond will result in termination of plan coverage for your dependents effective January 1, 2014.

Please take time to review the enclosed letter from ConSova and respond in a timely manner so coverage for your dependent(s) will not be affected. Any questions should be addressed to ConSova, not to Banner Health or Banner Plan Administration as ConSova will be managing this process.

You can call ConSova’s Dependent Eligibility Verification Assistance Center directly at (877) 894-2696. Regular hours are Monday through Friday, 8:00 a.m. – 4:00 p.m. Mountain Time. The call center hours will be extended from 8:00 a.m. – 7:00 p.m. Mountain Time between April 14th and April 18th. You may also visit www.consova.com/bannerhealth where you can view general information and access your secure web portal login. Thank you for your cooperation during this important initiative.

Sincerely,

Margie DeHaan
Vice President, Total Rewards
Frequently Asked Questions

Who is ConSova?
ConSova is a Human Resources firm that specializes in the dependent eligibility verification process and has conducted many dependent audits for Fortune 500 companies and governmental organizations.

Where did ConSova get my personal information?
ConSova initially receives your basic personal information from your employer prior to the start of an audit. During the audit we receive personal information from you.

What guarantee do we have that our personal documents will be kept secure?
ConSova considers security and confidentiality a very serious matter. We utilize encryption technology to transact sensitive data. The server that maintains Dependent Eligibility Verification data is only accessible on ConSova’s closed network located in Lakewood, CO and at a SOC 2 Type II, SOC 3 compliant secure data center located in Englewood, Colorado. This network is a closed system that is only accessible inside the ConSova domain and via a secure Virtual Private Network.

ConSova’s Privacy Policy, including our adherence to the Health Insurance Portability and Accountability Act (HIPAA) of 1996, can be found on our corporate website at http://www.consova.com/privacy-policy.php.

ConSova Associates have audited over 1.5 million dependents in the past eight years, and we have never been accused or alleged to have not protected the private personal information of its clients’ employees. Your employer, Banner Health, realizes and understands that employees may have concerns about releasing this information to a third party. We assure you that every precaution has been taken to ensure your information is kept confidential. You can help protect your own privacy by following the instructions included with the letter you received from ConSova.

Will the submitted documents be retained by ConSova? If so, for how long?
Documentation received from Banner Health employees will be batched and maintained in a secure location monitored only by ConSova employees. Thirty days after the dependent verification is completed, ConSova will shred all documentation.

Can I black out my financial information and Social Security number on these documents?
On any document you provide, you may cross out all financial information and the first five digits of your Social Security number.

Can my local Human Resources department review my documents to determine eligibility of my dependents instead of ConSova?
No. Banner Health will not review any documentation for the verification process. All documents must be provided to ConSova for review.

If I am unable to supply documentation by the deadline for my eligible dependent, will Banner Health terminate my dependent from the plan?
Eventually, Banner Health will terminate a dependent due to the inability to provide documentation that verifies eligibility. However, if you are in contact with ConSova during the verification process and ConSova is aware of an issue you may be experiencing in gathering the appropriate documents, then your dependent will not be automatically terminated if you do not meet the deadline. ConSova is willing to assist you through this process, including helping you contact agencies to locate the documents you need.
March 26, 2014

Dear John Smith:

Banner Health has retained the services of ConSova Corporation to collect documentation to review and verify eligibility for dependents in Banner Health’s medical, dental and vision plans.

Dependent(s) you have included in these plans are listed below:

<table>
<thead>
<tr>
<th>Dependent Name</th>
<th>Relationship</th>
<th>Year of Birth</th>
</tr>
</thead>
<tbody>
<tr>
<td>Michelle Smith</td>
<td>Spouse</td>
<td>1956</td>
</tr>
<tr>
<td>Jane Smith</td>
<td>Child</td>
<td>1990</td>
</tr>
</tbody>
</table>

Your Action Items

- Review your list of dependents above and the detailed explanation on the following pages of the documentation you will need to provide to verify eligibility for dependent(s).
- If any of your dependents listed above are no longer eligible for medical, dental and/or vision coverage, please provide their names and the reason for ineligibility on the attached Ineligible Dependent Form. Coverage for ineligible dependents will end as of January 1, 2014.
- Upload documentation by logging into https://www.securewebhelp.com. You will need your PIN number to log in to the website; your PIN number is located at the bottom left hand corner of this letter. Or you may mail documentation, along with a copy of this letter, in the enclosed postage-paid envelope with a postmark on or before April 23, 2014.

Please note: This is not a passive verification process. You must take action and reply to this request, even if you recently provided this same information to the Service Center at Banner Plan Administration as part of your enrollment process. Failure to respond or incomplete documentation will result in the termination of plan coverage for your dependents.

Once your submitted documentation has been reviewed, ConSova will mail a letter to you regarding the updated status and advising if any additional information is required. If you prefer to receive ConSova communications electronically, simply log in to our website at www.consova.com/bannerhealth and select ConSova’s “Going Green” option at the top of the page to learn more about our paperless option.

If you have any questions about this process or need assistance, please do not call the Service Center at Banner Plan Administration or contact your Human Resources department. You can call ConSova’s Dependent Eligibility Verification Assistance Center directly at (877) 894-2696. Regular hours are Monday through Friday, 8:00 a.m. – 4:00 p.m. Mountain Time. The call center hours will be extended from 8:00 a.m. – 7:00 p.m. Mountain Time between April 14th and April 18th. You may also visit www.consova.com/bannerhealth where you can view general information and access your secure web portal login.

ConSova’s Privacy Policy can be found on our corporate website at http://www.consova.com/privacy-policy.php. Thank you for your cooperation during this important initiative.

Sincerely,

ConSova Corporation
Ineligible Dependent Form

If any of your dependent(s) are no longer eligible for medical, dental and/or vision coverage, please provide his/her name(s) and the reason for ineligibility below. Or you may leave a comment on your secure web portal with the dependents name and reason for ineligibility by logging in to https://www.securewebhelp.com and clicking the “submit comment” tab. You will need your PIN number to log in to the website; your PIN number is located at the bottom left hand corner of this letter.

Coverage for ineligible dependents will end as of January 1, 2014.

<table>
<thead>
<tr>
<th>Ineligible Dependent Name</th>
<th>Ineligibility Reason</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<tr>
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<td></td>
</tr>
</tbody>
</table>

Signature of Employee: ____________________________________________

Date: _________________________________

By signing above, I certify and warrant to Consova and Banner Health that all information on this Ineligible Dependent Form is true, correct and current as of the date signed. I further understand that if I knowingly submit false information I may be subject to disciplinary action up to and including termination of employment. I authorize Banner Health and Consova Corporation to contact any institution or organization to verify any and all documents provided for eligibility verification.

Please mail or upload this completed and signed form along with the requested verification documentation.
### Dependent Documentation Request

**What You Need to Submit to ConSova**

<table>
<thead>
<tr>
<th>Dependent Relationship</th>
<th>Documents Required</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Spouse</strong></td>
<td><strong>You may provide a copy</strong> of marriage certificate or Common Law Affidavit <strong>AND</strong> Proof of joint ownership (dated within the last 90 days prior to the date of this letter) via mortgage statement or rental/lease agreement <strong>OR</strong> A copy of your 2012 or 2013 tax return (front page through line 6 of Form 1040); please black out the first five digits of your SSN and all financial information. Note: if your spouse files married separately, head of household or single, you will also need to submit their tax return from the same year you are providing (front page through line 6 of Form 1040). Please black out any financial information and social security number. We only need the last 4 digits of the employee's SSN. <strong>OR</strong> You may provide a copy of your 2012 or 2013 tax return (front page through line 6 of Form 1040); please black out the first five digits of your SSN and all financial information. Note: if your spouse files married separately, head of household or single, you will also need to submit their tax return from the same year you are providing (front page through line 6 of Form 1040). Please black out any financial information and social security number. We only need the last 4 digits of the employee's SSN.  <strong>AND</strong> Proof of joint ownership (dated within the last 90 days prior to the date of this letter) via mortgage statement or rental/lease agreement.</td>
</tr>
</tbody>
</table>
| **Domestic Partner**      | **Copy** of the domestic partner affidavit (signed by you and your partner) **AND** Proof of dependency as evidenced by a copy of one of the following documents:  
  ▪ Proof of shared residence via joint mortgage statement  
  ▪ Proof of shared residence via joint rental/lease agreement  
  ▪ Proof of shared residence via joint financial statement  
  ▪ Proof of shared residence via copy of your and your domestic partners 2012 or 2013 tax return indicating the same residence  
  **Please note:** Proof of dependency documents need to be dated within 90 days prior to the date of this letter and insurance and medical-related documents will not be accepted as a proof of dependency. |
| **Child under age 26**    | **A copy** of the following documents (varies by the relationship of the child to the Employee):  
  ▪ **Natural child or legally adopted child:** State or county issued birth certificate showing employee’s name or signed court order  
  ▪ **Stepchild:** State or county issued birth certificate showing parents’ names, copy of your Marriage Certificate, and copy of your joint 2012 federal tax return (front page only).  
  ▪ **Child for whom you have legal guardianship:** Signed Court Order and 2012 tax return claiming the child as a dependent. Please be sure to leave the last four digits of the dependent’s SSN visible.  
  ▪ **Child who is the subject of a Qualified Medical Child Support Order:** Signed Court Order |
<table>
<thead>
<tr>
<th>Dependent Relationship</th>
<th>Documents Required</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Please note: for unmarried disabled children aged 26 or over, in addition to the birth certificate, we will also need a <strong>copy</strong> of your 2012 federal tax return claiming the child (front page only).</td>
</tr>
</tbody>
</table>

If unable to provide any of the documents requested, the employee will need to contact ConSova for alternative documents if applicable.

**Don’t Forget! Your response is required by April 23, 2014.**