

Rollins, Inc. Life Event/Dependent Verification Instructions

If you are adding a dependent to coverage or amending coverage as a result of a life event¹, you must provide proof of the life event/dependent's eligibility to the Mercer Marketplace Benefit Center. Documentation must be submitted based on the deadlines below.

- **New Hire** – Deadline to submit documentation is **45 calendar days from date of hire.**
- **Qualified Life Event** – Deadline to submit documentation is **31 calendar days from the life event date.**

Life events requiring documentation include:

- **Birth or adoption of a child**
- **Marriage or new domestic partner**
- **Employee or dependent loss of other coverage**
- **Guardianship or legal custody of a child**
- **Divorce**

Upload to the enrollment website: Log on to www.mercermarketplace.com/Rollins

The following documentation is acceptable to provide proof of your life event or dependent's eligibility. The dependent that has been added to coverage must correspond to the dependent in the documentation you submit.

If you experience.....	Then you must submit....
Employee or Dependent loss of other coverage	<ul style="list-style-type: none"> ➤ Dependent verification documentation stated below is required to prove dependent eligibility in order to be added to benefits, AND one of the following documents that includes coverage end date and lists all dependents you wish to add to the Rollins Inc, plan: <ul style="list-style-type: none"> • Certificate of Coverage from previous insurance provider • Letter from employer • Certificate of Coverage from governmental agency • COBRA paperwork
Divorce	<ul style="list-style-type: none"> ➤ A photocopy of finalized divorce decree showing the marriage is no longer valid.
If you add.....	Then you must submit....
Spouse	<p>One of the following:</p> <ul style="list-style-type: none"> • A photocopy of your marriage certificate, OR • Copy of most recently filed Federal Income Tax return (1040, 1040A, 1040EZ) listing spouse's name, marked either "Married filing jointly" or "Married filing separately". Only the page that lists filing status and exemptions is required.
Eligible Child	<p>Natural Child - One of the following:</p> <ul style="list-style-type: none"> • Photocopy of the child's birth certificate showing the employee's name as a parent, OR • Copy of most recently filed Federal Income Tax return (1040, 1040A, 1040EZ) showing the child as a dependent.
	<p>Newborn Child - One of the following:</p> <ul style="list-style-type: none"> • Photocopy of the child's birth certificate showing the employee's name as a parent, OR • Certificate of Live Birth from the hospital showing the employee's name as a parent.
	<p>Stepchild - One of the following:</p> <ul style="list-style-type: none"> • Photocopy of child's birth certificate showing employee's spouse or partner's name as a parent AND • Documentation as noted for the "spouse" dependent type, OR • Copy of most recently filed Federal Income Tax return (1040, 1040A, 1040EZ) showing the child as a dependent of the employee and spouse.
	<p>Legal Guardian, Adoption, Foster Child - One of the following:</p> <ul style="list-style-type: none"> • Temporary or Final Court Order with presiding judge's signature seal, Adoption Final Decree with presiding judge's signature seal, OR • Copy of most recently filed Federal Income Tax return (1040, 1040A, 1040EZ) showing the child as an eligible dependent type.
Domestic Partner As determined by your employer and/or plan	<p>One of the following:</p> <ul style="list-style-type: none"> • A State/County/City Issued Registered Domestic Partner Certificate, OR • A completed and signed Domestic Partner Affidavit AND supporting documentation referenced in the affidavit.
Common Law Spouse As determined by your employer and/or plan	<p>A completed and signed Affidavit of Common Law Marriage.</p> <p><i>States that recognize common law marriages: Alabama, Colorado, District of Columbia, Georgia (if created before 1/1/97), Idaho (if created before 1/1/96), Iowa, Kansas, Montana, New Hampshire, New Mexico, Ohio (if created before 10/10/91), Oklahoma (if created before 11/1/98), Pennsylvania (if created before 1/1/05), Rhode Island, South Carolina, Texas, and Utah.</i></p>

Rollins, Inc. Life Event/Dependent Eligibility Verification Form

Employee Name:	
Last 4 Digits of Employee's SSN:	
Company:	

Dependent Name	Relationship to You	Documentation Included as Outlined on Instruction Page

If you have any questions regarding this request, or you experience a life event not listed above, please contact the Mercer Marketplace Benefit Center at (844) 851-5419 and speak with a Benefit Counselor.

¹Your opportunity to make changes during the middle of the plan year is limited by the IRS rules that apply to employer-sponsored benefit plans, as your premiums are paid with pre-tax dollars. Under these rules, you can make changes to your benefit elections during the middle of the plan year only if you have a qualified life or status change event.

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When submitting supporting documentation:

- ✓ Mark out all confidential information such as financial data and social security numbers.
- ✓ Send only PDF copies. Documentation submitted will not be returned.
- ✓ If a document is two-sided or multiple pages, ensure you copy both sides and all pages of the document.
- ✓ If a document is not in English, you may be requested to supply an official English translation of the document and a copy of the original document.

Instructions for submitting documents:

- **Upload to the enrollment website:**
 - Log on to www.mercermarketplace.com/Rollins
 - Select the My Documents link in the left-hand navigation bar on the home screen
 - Find the request associated with your dependent's name
 - Click the 'Upload a Document' button on the request
- **Fax:** (515) 365-4364
- **Mail:** Mercer Marketplace, PO Box 14501, Des Moines, IA 50306-3501
- **Email:** 365DEVDelivery@mercer.com
- *Please retain proof of submission if sending via fax*
- You can track the status of your documentation in the My Documents section of the enrollment website.

Acknowledgement

I declare the information I am submitting to prove eligibility for myself and/or my dependents is accurate. I understand that if I provide false information I may be subject to disciplinary measures up to and including separation of employment.