



## Greater Boston Local 26 Health Plan (108) Dependent Eligibility Audit - FAQs

### (1) What documents do I need to confirm the eligibility of my dependents?

- **Spouse:** Marriage Certificate & 2024 Federal Tax Returns
- **Children:** Birth Certificate
- Stepchildren: Birth Certificate, Marriage Certificate & 2024 Tax Returns
- Other dependent children: Birth Certificate & 2024 Tax Returns

<b>Dependent</b>	<b>Required documentation</b> <i>Note: Please provide all documents listed below:</i>	<b>Resources to obtain documentation</b>
Dependent Spouse	<ul style="list-style-type: none"><li>• Marriage Certificate</li><li>• The portion of your 2024 Federal Tax Return that lists your filing status.</li></ul>	<ul style="list-style-type: none"><li>• County office that issued original marriage certificate</li><li>• <a href="http://www.cdc.gov/nchs/w2w.htm">www.cdc.gov/nchs/w2w.htm</a></li><li>• <a href="http://www.vitalchek.com">www.vitalchek.com</a></li></ul>
Dependent child by birth	<ul style="list-style-type: none"><li>• Birth Certificate (must include parents' names), and/or copies of any court orders, divorce decrees or other legal documents relating to custody or health coverage</li></ul>	<ul style="list-style-type: none"><li>• County office that issued original birth certificate</li><li>• Hospital in which child was born</li><li>• U.S. Department of State (for children born outside of the U.S.)</li><li>• <a href="http://www.cdc.gov/nchs/w2w.htm">www.cdc.gov/nchs/w2w.htm</a></li><li>• <a href="http://www.vitalchek.com">www.vitalchek.com</a></li></ul>
Stepchild	<ul style="list-style-type: none"><li>• Birth certificate (must include parents' names),</li><li>• Marriage certificate</li><li>• 2024 tax return (listing filing status)</li></ul>	<ul style="list-style-type: none"><li>• County office that issued original birth certificate</li><li>• <a href="http://www.vitalchek.com">www.vitalchek.com</a></li><li>• <a href="http://www.irs.gov">www.irs.gov</a></li></ul>
Dependent child related to employee	<ul style="list-style-type: none"><li>• Birth Certificate (must include parents' names), and/or copies of any court orders, divorce decrees or other legal documents relating to custody, health coverage</li><li>• The portion of your 2024 Federal Tax Return that lists claimed dependents. <i>Note: you can blacken-out confidential financial information as this does not relate to this audit.</i></li></ul>	<ul style="list-style-type: none"><li>• County office that issued original birth certificate</li><li>• Hospital in which child was born</li><li>• U.S. Department of State (for children born outside of the U.S.)</li><li>• <a href="http://www.cdc.gov/nchs/w2w.htm">www.cdc.gov/nchs/w2w.htm</a></li><li>• <a href="http://www.vitalchek.com">www.vitalchek.com</a></li><li>• State Agency that issued custody/guardianship papers</li></ul>

### (2) What is an Audit ID Code?

It's a unique number you'll need to submit your proof documents to SISCO.

### **(3) Where do I find my Audit ID Code?**

It's in the audit packet that was mailed to you (the first week of December 2025). If you can't find it, call SISCO or UHH Member Services.

**SISCO: (833) 560-8255**

*Monday-Thursday 8am-8pm (Eastern)  
Friday, 8am-5pm (Eastern)*

**UHH Member Services: (844) 267-4325**

*Monday-Friday 9:30am to 5:30pm (Eastern)*

### **(4) Who is SISCO?**

A neutral third party and expert benefit services firm conducting an eligibility audit (review) of the Greater Boston Local 26 Health Plan.

### **(5) Why are we doing this?**

To make sure that only eligible dependents are using *your* health fund dollars to pay their medical bills. It is best practice to regularly review the eligibility of everyone on the Plan. We don't want to pay for the bills of someone who shouldn't be on the Plan.

### **(6) How do I make sure my dependents don't lose their coverage?**

Submit the "Health Form Plan Information Update" and all required proof documents (birth certificate, marriage certificate, tax forms, etc.) by **Friday, January 23, 2026**.



- a. Take photos of documents using your smart phone and upload them securely ***online*** at: [\*\*https://siscoeligibility.com\*\*](https://siscoeligibility.com)
  - Enter your last name, Audit ID Code, and your date of birth.
  - Once you have uploaded your dependent documentation, you will receive confirmation of a successful upload.
- b. Or ***fax*** the form and documents to (563) 587 – 6721.
- c. Or complete the forms and ***mail*** to:  
ATTN: Eligibility Audit  
P.O. Box 389, Dubuque, IA  
52004-0389

### **(7) What do I do if I have a divorce decree that says I have to provide coverage for my ex-spouse?**

Submit the divorce decree and/or copies of any court orders or other legal documents relating to health coverage.

**(8) What do I do if I have a Power of Attorney (POA) or I'm the guardian of a child I have to provide coverage for?**

Submit any court orders, health directives, or other legal documents relating to health coverage. Include tax forms that show they are qualifying dependents.

**(9) If I submitted proof docs before, why do I have to do this again?**

We're looking at everything again because it's our obligation to do this on a regular basis and it must include EVERYONE (even those who recently enrolled).

## (10) What do you mean by tax forms?

You need to provide the 1040 from 2024. See below as an example.

**Form 1040** Department of the Treasury—Internal Revenue Service (98) **U.S. Individual Income Tax Return**

For the year Jan. 1-Dec. 31, 1, or other tax year beginning \_\_\_\_\_, ending \_\_\_\_\_, OMB No. 1545-0074 IRS Use Only—Do not write or staple in this space.

Your first name and initial		Last name	See separate instructions.																			
If a joint return, spouse's first name and initial		Last name	Your social security number																			
Home address (number and street). If you have a P.O. box, see instructions.		Apt. no.	Spouse's social security number																			
City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions).																						
Foreign country name		Foreign province/state/county	Foreign postal code																			
Presidential Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. <input type="checkbox"/> Yes <input type="checkbox"/> Spouse																						
<b>Filing Status</b> <table border="0"> <tr> <td>1 <input type="checkbox"/> Single</td> <td>4 <input type="checkbox"/> Head of household (with qualifying person). (See instructions.)</td> </tr> <tr> <td>2 <input type="checkbox"/> Married filing jointly (even if only one had income).</td> <td>If the qualifying person is a child but not your dependent, enter this child's name here. ►</td> </tr> <tr> <td>3 <input type="checkbox"/> Married filing separately. Enter spouse's SSN above and full name here. ►</td> <td>5 <input type="checkbox"/> Qualifying widow(er) (see instructions)</td> </tr> </table>					1 <input type="checkbox"/> Single	4 <input type="checkbox"/> Head of household (with qualifying person). (See instructions.)	2 <input type="checkbox"/> Married filing jointly (even if only one had income).	If the qualifying person is a child but not your dependent, enter this child's name here. ►	3 <input type="checkbox"/> Married filing separately. Enter spouse's SSN above and full name here. ►	5 <input type="checkbox"/> Qualifying widow(er) (see instructions)												
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If more than four dependents, see instructions and check here ► <input type="checkbox"/>																						