



**Dependent Verification Return Cover Sheet**  
**PLEASE RETURN THIS PAGE WITH MAIL OR FAX**

To: WTW Dependent Verification Center	From:
Fax: 1-866-335-4558	Pages:
Phone: 1-855-451-3113	Date:
ID#:	Company: Albertsons Companies, Inc.
Comments:	

To ensure all documents are legible, make a black and white copy and enlarge the document as much as possible. You may also change the settings on your fax machine to "Fine" or "Highest Quality" resolution. If the copy is still not legible, it will be necessary to upload securely online at [https://review.ehr.com/drs\\_Albertsons](https://review.ehr.com/drs_Albertsons) or send a legible **copy** via mail, including this bar-coded cover sheet.

**To protect your privacy, please BLACK out all financial information and Social Security numbers on documents.**

Please return this completed form with documentation. It includes important information that helps us match the documents with your record and will speed up the process for you.