

# AMENDMENT

## to the WEA Trust Group Long Term Care Plan

### Same Gender Domestic Partner Coverage

This benefit provision applies to you only if your Benefit Summary indicates "Same Gender Domestic Partner Coverage"

Same gender domestic partners of covered employees are eligible for coverage under the same terms as legal spouses. If we approve their coverage, domestic partners have the same rights, responsibilities, and entitlements as a covered spouse under this policy, with a few exceptions resulting from the different treatment of spouses and domestic partners under the law. Those exceptions are described below.

The term Immediate Family, as defined and used in this policy, is extended to include the covered domestic partner and his or her daughter, son, daughter-in-law, son-in-law, father, mother, sister, brother, grandparent, or grandchild.

#### Definition of Domestic Partner

We define a domestic partner as an individual with whom you have agreed to live as sole domestic partners in a relationship that is characterized by all of the following:

- You have a committed spousal-type relationship of mutual support and caring, and you intend to remain in the relationship indefinitely.
- Your domestic partnership is, and has been for the past 6 months, publicly acknowledged and commonly recognized within the communities in which you live and work.
- You share financial resources and have agreed to be responsible for each other's common welfare.

#### Qualifying for Eligibility as a Domestic Partner

To establish that an individual qualifies for eligibility as your domestic partner, both of you must attest to all of the following on our *Designation of Same Gender Domestic Partner* form:

1. You are members of the same gender.
2. You are both 18 years of age or older.
3. You are both mentally competent to make the declarations required by the form.
4. You are not related by blood closer than would bar marriage in the state of Wisconsin.
5. For at least the past 6 months, all of the following have been true:
  - You have lived together in the same dwelling unit.
  - Neither of you was married or legally separated in marriage.
  - Neither of you was a party to an action or proceeding for divorce or annulment.
  - Neither of you was in another domestic relationship.
  - You were financially interdependent as evidenced by at least two of the following:
    1. Common or joint ownership of a residence.
    2. Joint ownership of a motor vehicle.
    3. Joint credit account; for example, a credit card.

4. Joint checking or savings account.
5. Your domestic partner identified as primary beneficiary in your will, life insurance policy(ies), tax-sheltered annuity account(s), IRA(s), or other retirement accounts.
6. Joint financial investments.
7. Other evidence of mutual financial interdependency that we deem acceptable.

The signed *Designation of Same Gender Domestic Partner* form is part of the contract of insurance. We reserve the right to verify the information at any time.

Your domestic partner is eligible for coverage on the later of these two dates:

- The date you are eligible for coverage.
- The earliest date on which your domestic partnership fulfilled all of the conditions we have described above.

## How to Obtain Coverage

Your domestic partner's coverage begins on the date he or she is eligible if **all** of the following apply:

- We receive the required documents within 30 days of that date.
- We approve enrollment based on information submitted.
- We deem the evidence of insurability provided by your domestic partner, in our sole discretion, to be satisfactory.

The required documents are these:

- An enrollment form, listing your domestic partner as your dependent.
- The signed *Designation of Same Gender Domestic Partner* form.
- Our *Evidence of Insurability for Group Long Term Care* form completed and signed by your domestic partner.

## Policy Provision Exceptions That Apply to Domestic Partners

Policy provisions that pertain to an employee's covered spouse apply to your covered domestic partner. Exceptions are these:

1. Domestic partners are not entitled by state and federal law to continuation of coverage when their coverage ends due to certain qualifying events. However, this policy provides continuation privileges to covered domestic partners under circumstances, and for temporary periods, that are similar to those required by state law for spouses who are losing coverage.

Please note that we require you or your domestic partner to notify us in writing within 60 days of the date of the termination of the domestic partnership in order to preserve your partner's rights to group continuation or conversion coverage. If we don't receive the written notice within the time period specified, continuation of coverage under this policy or under our conversion policy will not be offered. See the "Notice Procedures" in Section 3 for detailed information about continuation and conversion coverage.

2. The coverage continuation rights of surviving spouses of covered employees who are age 55 or older at the time of their death, described in Section 3 of this policy, will be provided to covered domestic partners if **both** of the following apply:
  - The domestic partnership has been in existence for at least 3 years at the time of the covered employee's death.
  - The covered employee is age 55 or older at the time of death.

The 3-year existence of the domestic partnership must be documentable as having continuously met all of the requirements on