

Amendment

This amendment modifies your WEA-MedPlus Plan Certificate of Coverage to provide for the following: Coverage for the Retiree's Domestic Partner who otherwise meets all the Certificate's requirements for eligibility.

Except when specifically differentiated, throughout this certificate every reference to "spouse" is revised to include both "spouse" and "Domestic Partner."

Definitions

- The following definition is *added* to Section 2 – Definitions That Apply to All Provisions:

Domestic Partner: A Domestic Partner is an individual with whom the retiree has agreed to live as sole Domestic Partners in a relationship and for at least the past 6 months have:

- (a) Shared the same regular and permanent residence; and
- (b) been jointly responsible for basic living expenses; and
- (c) each been 18 years of age or older; and
- (d) not been married to anyone else; and
- (e) not been party to an action for divorce or annulment; and
- (f) not been in another Domestic Partnership relationship; and
- (g) been considered mentally competent to consent to a contract.

Section 3: Eligibility and Coverage of Retirees and Their Spouses

- The title of Section 3 is changed from **Section 3: Eligibility and Coverage of Retirees and Their Spouses** to **Section 3: Eligibility and Coverage of Retirees and Their Spouses or Domestic Partners**.
- The "How to Obtain Coverage" subsection of **Section 3: Eligibility and Coverage of Retirees and Their Spouses or Domestic Partners** is revised to state the following:

How to Obtain Coverage

In order to obtain coverage under this plan, we must receive a completed enrollment form that establishes to our satisfaction that you meet the eligibility criteria. Your coverage under this plan is not effective until we have notified you in writing of the effective date of your coverage.

If you are enrolled in the WEA-MedPlus Plan, or if you meet certain eligibility criteria for coverage under this plan, you and your spouse or domestic partner may be eligible for coverage under this plan.

To enroll your spouse, your spouse must submit a completed enrollment form that establishes to our satisfaction that he or she meets all of the eligibility criteria described in this section.

To enroll your Domestic Partner, your Domestic Partner must complete the *Designation of Domestic Partner* form and attest to the information it contains. The signed *Designation of Domestic Partner* form is part of the contract of insurance. We reserve the right to verify the information at any time.

There is no coverage for other dependents.

- The title of the "Your Spouses' Eligibility for Coverage" subsection is changed to "Your Spouse's or Domestic Partner's Eligibility for Coverage."

- In the **“Your Spouse’s or Domestic Partner’s Eligibility for Coverage”** subsection, the final paragraph, located directly before **“When Coverage Begins,”** is revised to state the following:

If you marry while you are covered by this Certificate, you may obtain coverage for your new spouse **provided** he or she meets **all** of the spousal eligibility criteria above. You must apply for coverage for your new spouse within 30 days of your marriage, and coverage will begin as of your marriage date.

If you obtain a Domestic Partner while you are covered by this Certificate, you may obtain coverage for your new Domestic Partner, provided he or she meets **all** of the requirements listed within the definition of “Domestic Partner” **and** the Domestic Partner eligibility criteria listed above. You must apply for coverage for your new Domestic Partner within 30 days of the earliest date on which your Domestic Partnership has fulfilled all of the conditions listed in the definition of “Domestic Partner.” Coverage will begin as of the date your Domestic Partnership has fulfilled all of the required coverage conditions.

- In the **“When Coverage Ends”** subsection, the language which directly follows the last bullet point stating “The date of your death” is revised to state the following:

Coverage for your spouse or Domestic Partner will end on the earliest of the following dates:

- The date this plan terminates for any reason.
- The end of the period for which the last premium was paid for your spouse’s or Domestic Partner’s coverage.
- The date your spouse or Domestic Partner ceases to be eligible for coverage under the terms of this Certificate.
- The date Medicare ceases to be your spouse’s or Domestic Partner’s primary health insurer.
- The date on which your spouse or Domestic Partner fails to comply with any provision of this Certificate.
- The date of your spouse’s or Domestic Partner’s death.

Your covered spouse or Domestic Partner may continue coverage under this Certificate after your death, divorce, or dissolution of your Domestic Partnership as long as desired if we timely receive the required premiums. To continue coverage, he or she must notify us within 60 days of your death or divorce so that we can update our records and adjust the premium.