

# **AMENDMENT**

## **to the WEA Trust Group Long Term Care Plan**

### **Coverage for Domestic Partners**

**(As Defined by Chapter 770 of the Wisconsin Statutes)**

This benefit provision applies to you only if your Benefit Summary indicates "Coverage for Domestic Partners (As Defined by Chapter 770 of the Wisconsin Statutes)"

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 obtained a declaration of domestic partnership issued by the county clerk, as described in Chapter 770 of the Wisconsin Statutes, and the partnership has not been terminated.

#### **Qualifying for Eligibility as a Domestic Partner**

To establish that an individual qualifies for eligibility as your domestic partner, you must provide us with a copy of the declaration of domestic partnership issued by the county clerk pursuant to Chapter 770 of the Wisconsin Statutes.

The copy of the declaration of domestic partnership 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.
- Within 30 days of the date the declaration of domestic partnership is recorded with the county register of deeds.

#### **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.
- A copy of the declaration of domestic partnership issued by the county clerk, pursuant to Chapter 770 of the Wisconsin Statutes.

- 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.

## When the Domestic Partnership Ends

For purposes of this insurance, the domestic partnership ends on the earlier of these dates:

- The date your domestic partnership terminates, as described in Chapter 770 of the Wisconsin Statutes.
- The death of one of the two individuals in the domestic partnership.

The end of a domestic partnership has the same consequences under this policy as divorce or annulment of marriage, or the death of the covered employee. Therefore, the domestic partner is no longer eligible for coverage as of the date the domestic partnership ends.

This policy provides continuation privileges to covered domestic partners under circumstances, and for temporary periods, that are similar to those required by 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 domestic 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.

**Amendment Effective Date**—This amendment is effective July 1, 2011.