



Writers' Guild-Industry Health Fund

Jim Hedges, Chief Executive Officer

WRITERS' GUILD-INDUSTRY HEALTH FUND

SAME-SEX DOMESTIC PARTNER ENROLLMENT FORM

Name of Participant: _____

Date of Birth: ____/____/____ Social Security: ____ - ____ - ____

Name of Same Sex Domestic Partner: _____

Date of Birth: ____/____/____ Social Security: ____ - ____ - ____

Please complete the enclosed Coordination of Benefits form to ensure your claims are processed correctly.

Common Address: _____

Common Telephone: (____) _____ - _____

Participant Cell Phone: (____) _____ - _____ / Email: _____

Same Sex Domestic Partner Cell Phone: (____) _____ - _____ / Email: _____

Signature of Participant

Signature of Same Sex Domestic Partner



BENEFITS FOR SAME SEX DOMESTIC PARTNERS QUESTIONS AND ANSWERS



1. WHAT IS DOMESTIC PARTNER COVERAGE?

Domestic partner coverage allows participants that reside in states that do not allow Same-Sex Marriage to enroll their same sex domestic partner for health coverage with the Writers' Guild-Industry Health Fund (Fund). If after reading the Same-Sex Domestic Partner Enrollment Packet and this Q&A section you have additional questions, contact the Eligibility Department at the Fund Office.

2. DO MY PARTNER AND I QUALIFY AS DOMESTIC PARTNERS?

A Same-Sex domestic partnership for purposes of coverage under the Health Fund is a committed same-sex relationship similar to a marriage that has been in existence at least six months. A domestic partnership includes financial interdependence and intended by both partners that the relationship be permanent. You and your partner must live in a State that does not allow Same-Sex Marriage.

If your partner is not your dependent, the Fund's interpretation of the relevant tax laws is that you will owe federal and state taxes (including withholding taxes, such as Social Security) on the value of the premiums that the Fund pays to provide coverage to your domestic partner, since the value of the premiums paid is considered wages for tax purposes. Accordingly, you must prepay taxes on the value of the premiums on a quarterly basis, including the employer portion of any withholding taxes.

3. HOW DO WE SIGN UP?

In order to qualify for benefits effective the first day of a calendar quarter, the Fund must receive all your required documentation (including the Affidavit of Domestic Partnership if applicable) no later than 10 days before the start of that quarter.

If you claim your Same-Sex Domestic Partner as a dependent, you will also need to provide a notarized Affidavit of "Dependency". If you do not claim your partner as a dependent, you must include a check to prepay the first quarter of taxes. Taxes vary from state to state; please contact the Eligibility Department at the Fund Office to determine the appropriate amount to prepay for your partner's coverage, and make your check payable to Writers' Guild-Industry Health Fund. If you are not already covering other dependents on the plan, please enclose a separate check for \$150.00 to prepay the required quarterly dependent premium as well.



4. SHOULD WE SIGN UP IMMEDIATELY AFTER BECOMING ELIGIBLE?

If you choose not to enroll your Same-Sex Domestic Partner immediately after becoming eligible for Health Fund coverage, you will have to wait until the Health Fund's Annual Open Enrollment period to do so. Dependents added during Open Enrollment will be covered effective January 1st of the following year.

5. WHAT HEALTH COVERAGE IS AVAILABLE FOR MY SAME-SEX DOMESTIC PARTNER?

For the most part, coverage is the same as coverage provided for a dependent of any participant. Effective January 1, 2014, if you are considered the Step-Parent of your registered Same-Sex Domestic Partner's children under state law and you provide documentation of such, then, you are also considered the Step-Parent for federal income tax purposes. Therefore, the children will be considered eligible dependents under the Health Fund. **Note:** Prior to January 1, 2014, children of Same-Sex Domestic Partners were not eligible for coverage unless the participant had legally adopted them and provided proof documentation to the Fund Office.

COBRA continuation coverage is not available for your Same-Sex Domestic Partner. However, if your Health Fund coverage ends due to a lack of sufficient covered earnings, and you decide to purchase COBRA continuation coverage, you may add your Same-Sex Domestic Partner as a dependent on your COBRA Plan.

Please note: the provision for an extension of benefits in case of a disability applies only to the disabled participant and is not applicable to the Same-Sex Domestic Partner under any circumstance.

As with coverage for spouses and other dependents, if your Same-Sex Domestic Partner is covered by another health plan, coordination of benefits will apply. Please provide the information regarding the other insurance coverage on the Fund's Coordination of Benefits Form directly to the Claims Department of the Fund Office.

6. IS HEALTH COVERAGE EXTENDED FOR MY SAME-SEX DOMESTIC PARTNER IN THE EVENT OF MY DEATH?

If you die during a period of Earned Eligibility, coverage will be extended for your Same-Sex Domestic Partner for any remaining period of earned eligibility, provided appropriate tax withholding payments continue to be made, as required. As noted above, your Same-Sex Domestic Partner does not have an independent right to COBRA continuation coverage as a result of your death. Please see Question #10 regarding Certified Retiree Survivor Benefits.



7. *WHAT IF MY SAME-SEX DOMESTIC PARTNER BECOMES ELIGIBLE UNDER THE WRITER'S-GUILD INDUSTRY HEALTH FUND BASED UPON HIS OR HER OWN COVERED WRITING?*

If a Same-Sex Domestic Partner becomes eligible based upon his or her own covered writing employment, and wants to add you to their policy as their Same-Sex Domestic Partner; dual coverage will be offered. However, in order for secondary coverage to be effective for each individual, each of you will have to pay the required withholding taxes and quarterly dependent premiums (if applicable) on behalf of each other.

8. *WHAT HAPPENS UPON TERMINATION OF THE DOMESTIC PARTNERSHIP?*

As stated in the Affidavit of Domestic Partnership, you must notify the Fund in writing within 30 days of the termination of the domestic partnership. Your Same-Sex Domestic Partner will be terminated from your plan on the last day of the month in which the partnership was terminated and he/she will not be eligible for COBRA continuation coverage.

Important: Failure to notify the Fund office of the terminated partnership will result in your liability to reimburse the Fund for all claims paid on behalf of your Same-Sex Domestic Partner after the date your partner was terminated from your Plan.

9. *IF MY PREVIOUS SAME-SEX DOMESTIC PARTNERSHIP TERMINATES, MAY I REGISTER A NEW SAME-SEX DOMESTIC PARTNER?*

Yes. But you must provide all the required documentation to add the new Same-Sex Domestic Partner. You will be required to pay the same quarterly taxes and dependent premiums as before (if applicable).

10. *WHAT IF I AM A CERTIFIED RETIREE UNDER THE HEALTH FUND AND I PRE-DECEASE MY SAME-SEX DOMESTIC PARTNER? WILL THEY CONTINUE TO BE COVERED?*

Health Fund coverage may be extended to your surviving Same-Sex Domestic Partner if you are a Certified Retiree when you die. Coverage will be extended to your Surviving Same-Sex Domestic Partner as follows:

Survivors that have been covered by the Health Fund for less than two years prior to the participants' death will have their coverage extended for a maximum of six (6) months, or until marriage or entrance into a new Same-Sex Domestic Partner relationship, if sooner. **Please note:** the quarterly taxes must continue to be paid if applicable.



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Survivors that have been covered by the Health Fund for two or more years will have their coverage extended, until marriage or entrance into a new Same-Sex Domestic Partner relationship. **Please note:** the quarterly taxes must continue to be paid if applicable.

If the writer was not yet age 60 but had 68 qualified quarters when he or she died, and their Same-Sex Domestic Partner had been covered by the Health Fund for two or more years, the surviving domestic partner must elect to be covered for either;

- a) 5-years from the date of death, or;
- b) Wait until the writer would have turned 60 and receive full Survivor's Certified Retiree Benefits.

In either case, coverage will terminate if the surviving domestic partner marries or enters into a new Same-Sex Domestic Partner relationship.

For purposes of determining the duration of Health Fund coverage, the Administrative Office will calculate the two year period described above beginning from the date the application for Same-Sex Domestic Partner coverage was filed with the Administrative Office, provided all criteria for such coverage were met.

11. WHAT ARE THE PENALTIES FOR INCORRECT OR INCOMPLETE INFORMATION OR FAILURE TO PROVIDE INFORMATION?

If you mislead the Fund into believing that you are Same-Sex Domestic Partners when you are not, or if you fail to timely notify the Fund of the dissolution of your Same-Sex Domestic Partnership, each of you will be jointly and individually responsible for reimbursement to the Fund for benefits and expenses, including attorney fees and cost incurred by the Fund as a result of your statements, actions, or failure to notify the Fund. In addition, filing a false affidavit with the Fund may be a criminal offense.

12. HOW LONG WILL THIS PROGRAM LAST?

As with all benefits the Fund provides, this program will be reviewed periodically by the Trustees of the Fund. The Trustees may decide at any time to change or terminate any benefit, including this one.