

AFL Hotel & Restaurant Workers
Health & Welfare Trust Fund
Benefit and Risk Management Services
560 N. Nimitz Highway, Suite 209
Honolulu, HI 96817-5315

December 2009

TO: All Hotel Bargaining Unit Participants
AFL Hotel and Restaurant Workers Health & Welfare Trust Fund

FROM: Board of Trustees

RE: COVERAGE FOR DOMESTIC PARTNERS

- I. Effective January 1, 2010, the definition of Spouse is expanded to include same gender couples and their Dependent Children who meet certain eligibility criteria. This expanded definition means that same gender couples (“Domestic Partners”) and their Dependent Children may be eligible for benefits.
- II. Benefits are limited to the Kaiser plan.
- III. To qualify as a Domestic Partner all of the following must apply:
 1. You must be unable to marry under Hawaii Laws exclusively because you are the same gender;
 2. You must have been living in a “spouse-like” arrangement for a minimum of 12 months with the intent of maintaining a long term relationship and provide evidence of your arrangement;
 3. You must not be legally married to anyone else;
 4. Your Domestic Partner must be over the age of 18;
 5. You may not be related by blood in such a way as to prevent you from marrying under current law;
 6. You must not be married or in a Domestic Partnership with anyone else.
- IV. In addition to obtaining coverage for your Domestic Partner, you may also be eligible to obtain coverage for your Domestic Partner’s Dependent Children, provided your domestic partnership meets the Fund’s eligibility criteria, and your Domestic Partner’s dependents meet the existing definition of Dependent Children.
- V. Provisions of the Working Spouse Rule apply. The Working Spouse Rule means that an employee whose spouse or Domestic Partner is employed and is working more than 20 hours per week for a four (4) consecutive week period must obtain coverage for himself or herself through his or her employer, if it is available. If medical coverage for your working Domestic Partner is not obtained as stated above, you will be assessed an

additional monthly fee (currently \$40.00) to maintain coverage for your Domestic Partner and dependents. Please refer to the SPD for details.

VI. There are some requirements specific to Domestic Partner benefits:

1. You will be required to submit proof of your “spouse-like” living arrangement for the 12 month period immediately preceding your application.

(Proof of two (2) items is required from the list below);

- a. Joint bank account
 - b. Joint lease/mortgage of mutual residence
 - c. Joint billing statement: gas, electric, telephone, etc.
 - d. Joint insurance documents: property, life, auto
 - e. Joint credit card accounts
 - f. Joint automobile ownership
 - g. Other title or deeds which are jointly held
2. You will be required to submit tax returns as evidence of dependency status or complete a notarized Affidavit of Dependency for Tax Purposes if your Domestic Partner and/or his or her dependents qualify as a dependent for tax purposes. Your benefits may have adverse tax consequences;
 3. You must notify the Fund if the Domestic Partnership ends for any reason.

VII. Enrollment of Domestic Partners is limited to:

1. Within 60 days of the date of this notice; or
2. At the time of each Annual Open Enrollment.

Should you have any questions regarding the above or need assistance, please contact the Trust Fund Office at (808) 523-0199, or neighbor islands, call toll free at 1-866-772-8989.