

February 15, 2012

**TO: KAISER BARGAINING UNIT PARTICIPANTS**  
AFL Hotel & Restaurant Workers Health & Welfare Trust Fund

**FROM:** Board of Trustees

**SUBJECT: COVERAGE FOR DOMESTIC PARTNERS  
CIVIL UNION CERTIFICATES**

Effective March 1, 2012 the definition of Spouse for Kaiser Bargaining Unit Participants 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.

**ELIGIBILITY REQUIREMENTS**

**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.

**Submission of Required Documentation:**

You will be required to submit proof of your "spouse-like" living arrangement for the 12 month period immediately preceding you 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;

- H. Certified copy of your Certificate of Civil Union issued by the State of Hawaii Department of Health

#### **RULES REGARDING COVERAGE OF DOMESTIC PARTNERS UNDER THE FUND**

- A. Benefits are limited to the Kaiser plan for both the Participant and the Domestic Partner;
- B. 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;
- C. 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;
- D. Your benefits may have adverse tax consequences. 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;
- E. You must notify the Fund if the Domestic Partnership ends for any reason, including if you dissolved your Civil Union.

#### **ENROLLMENT OF DOMESTIC PARTNERS IS LIMITED TO**

1. If you recently registered your Civil Union with the State of Hawaii Department of Health and otherwise qualify for coverage, you may enroll your Domestic Partner within 60 days of the date of this notice.
2. In all other cases, Domestic Partners may be enrolled 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.

#### *Disclosure of Grandfathered Status*

The Trust Fund believes its group health plans are "grandfathered health plans" under the Patient Protection and Affordable Care Act (the Affordable Care Act). As permitted by the Affordable Care Act, a grandfathered health plan can preserve certain basic

health coverage that was already in effect when that law was enacted. Being a grandfathered health plan means that your plan may not include certain consumer protections of the Affordable Care Act that apply to other plans, for example, the requirement for the provision of preventive health services without any cost sharing. However, grandfathered health plans must comply with certain other consumer protections in the Affordable Care Act, for example, the elimination of lifetime limits on benefits.

Questions regarding which protections apply and which protections do not apply to a grandfathered health plan and what might cause a plan to change from grandfathered health plan status can be directed to the plan administrator, Benefit & Risk Management Services, Inc., at 560 North Nimitz Highway, Suite 209, Honolulu, Hawaii 96817-5315 or (808) 523-0199. You may also contact the Employee Benefits Security Administration, U.S. Department of Labor at 1-866-444-3272 or [www.dol.gov/ebsa/healthreform](http://www.dol.gov/ebsa/healthreform). This Web site has a table summarizing which protections do and do not apply to grandfathered health plans.