

Domestic Partner Information Guide



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For More Information:
Advocate InfoExpress:
Health & Welfare Service Center
(800) 775-4784 (press 2)



Advocate Health Care Benefits for Domestic Partners

Under the Advocate Health Care Benefits Programs, certain benefits and rights are available for the qualified domestic partner of an Advocate associate.

To add a domestic partner to your benefits coverage, you and your domestic partner must complete and sign the Affidavit of Domestic Partnership (included in this booklet—see pages 10 and 11) in the presence of a Notary Public and return it to Advocate InfoExpress. You must also include two valid proofs of documentation as defined in the Affidavit. Once Advocate InfoExpress reviews your Affidavit, you will be notified if any further information or action is required.

Please keep a copy of all materials you send to Advocate InfoExpress for your own records.

Under current federal tax law, benefits are available on a tax-free or tax-favored basis only to your spouse and legal dependents. Advocate must administer the Program in accordance with federal tax law and treat as taxable any benefits that are not permitted tax-free or tax-favored treatment under federal law. Because your domestic partner is not considered to be your spouse or dependent for federal income tax purposes, the Internal Revenue Service requires that Advocate treat the value of any Medical/Dental coverage provided to your domestic partner as imputed income to you.

Children of your domestic partner can only be covered by a plan if they meet the plan definition of a dependent of the associate. This definition is described in the appropriate Plan Summary and/or Certificate of Coverage.



Domestic Partner Benefits

Advocate Medical, Dental and other welfare benefits are an important part of your total compensation. They provide you with affordable services for many of your needs and also give you vital financial protection against a variety of unexpected circumstances.

To help meet the wide-ranging needs of our diverse workforce, Advocate's benefits program provides numerous choices for plans and levels of coverage. As associates are our number one asset, we extend programs and services to them that offer flexibility and support our work/life quality initiatives. The availability of benefits coverage for domestic partners is an extension of our philosophy and mission to provide access to health care for everyone.

Please carefully review the information in this Domestic Partner Benefits Summary. If you are eligible and this coverage will meet a need in your household, simply follow the instructions for the enrollment process on page 7.

Eligibility

All regular full-time and part-time associates who are scheduled to work 40 or more hours per pay period are eligible to enroll for domestic partner benefits.

Advocate defines same- or opposite-sex domestic partners as two people who:

- 1.** Have been living together in a committed exclusive relationship of mutual caring and support for a period of at least one year;
- 2.** Intend for the domestic partnership to be permanent;
- 3.** Are financially interdependent such that they are jointly responsible for the common welfare and financial obligations of the household, or the non-employee domestic partner is chiefly dependent upon the employee for care and financial assistance;
- 4.** Are not legally married to any other individual, and if previously married, a legal divorce or annulment has been obtained or the former spouse is deceased;
- 5.** Are mentally competent to enter into a contract according to the laws of the state in which they reside;
- 6.** Are at least 18 year of age and are old enough to enter into marriage according to the laws of the state in which they reside;
- 7.** Do not have a blood relationship that would bar marriage under applicable laws of the state in which they reside if they otherwise satisfy all other applicable state marriage requirements; and
- 8.** Are not in a relationship solely for the purpose of obtaining benefits.



Dependent Coverage

Advocate's definition of an eligible dependent includes your domestic partner's children only if they have been legally adopted by you and can be claimed as your dependents. They must also meet all other definitions of an eligible dependent. For benefits coverage, eligible dependents include unmarried children under age 19, or under age 25 if full-time students, who are:

- Biological children, including those who do not live with you, but for whom you have parental rights.
- Legally adopted children or a child placed with you for adoption if you are providing at least 50% of the child's financial support. For the purpose of Advocate's benefit programs, a child is considered "placed" with you for adoption when you have assumed legal responsibility for the support of such a child.
- Stepchildren who live with you in a parent-child relationship at least 50% of the time and for whom you have financial responsibility as determined by tax laws.

If your domestic partner's children do not otherwise meet the outlined definitions, they cannot be covered.

Please note that your domestic partner's children must be considered your dependents, based on the previous definitions. If this is the case, you can enroll them for Medical and Dental coverage and use Flexible Spending Accounts for their expenses—all on a pre-tax basis.

If it is determined that your domestic partner's children do not qualify for coverage, you will not be refunded the amount of any contributions you have made toward the cost of this coverage or the amount subject to tax.



Benefit Plans and Domestic Partner Coverage

Most Advocate benefits that are available to a married spouse are generally also available to a domestic partner—with a few exceptions as shown in the chart below.

Note: For Medical and Dental coverage, your domestic partner must participate in the same plan you elect.

Each benefit plan is governed by a legal contract or plan document, which will determine your actual benefits in the event of any discrepancies with the information in this summary. Also, Advocate Health Care reserves the right to change or end any of its benefit plans at any time and for any reason.

If you have any questions about your benefits or coverage for domestic partners, please call Advocate InfoExpress at (800) 775-4784.

Coverage	Domestic Partner Eligibility
Medical Coverage	All Advocate Medical plans will allow you to cover your domestic partner.
Dental Coverage	All Advocate Dental plans will allow you to cover your domestic partner.
Flexible Spending Accounts	Because of IRS regulations, Health Care and Dependent Day Care Flexible Spending Account reimbursements cannot be made for your domestic partner's expenses, or those of his or her children (unless the children are also your legal dependents).
Optional Life and AD&D Insurance	You can insure the life of your domestic partner using the spouse life and optional AD&D insurance plans available to all associates.

Other Benefit Features and Policies

Other Advocate benefits program features and Human Resources policies also generally apply to a domestic partner the same way they apply to a married spouse, as shown in the following chart:

Feature	Domestic Partner Eligibility
Beneficiary Designation	As an associate who is not married, you can name your domestic partner (or anyone you wish) to receive benefits that may be payable in the event of your death. Plans from which a benefit may be payable include: <ul style="list-style-type: none"> ■ Life Insurance ■ Accidental Death & Dismemberment (AD&D) Insurance ■ Retirement Savings Plan ■ Portable Pension Plan
Leaves and Absences	Time off from work, as needed, for birth or adoption of a child, serious health condition, death, etc., as it applies to members of your household, including your domestic partner.
Employee Assistance Program (EAP)	The Advocate Employee Assistance Program is available to your eligible dependents, including your domestic partner.

Enrollment

To enroll your domestic partner for Advocate benefits, you simply need to call Advocate InfoExpress at (800) 775-4784. Unless you are a new hire or newly benefits eligible, you will need to provide a qualifying event date. The coverage will be effective as of your qualifying event. If you fail to provide the notarized Affidavit and two valid proofs of eligibility as described on the Affidavit within 45 days of your enrollment, the domestic partner coverage will be revoked and you will not be able to add your domestic partner until the next open enrollment period. No other special documentation of your domestic partnership will be required by Advocate but may be required by the insurance carriers.

Advocate reserves the right to periodically audit the eligibility process and request necessary documentation. If the audit reveals an “act of dishonesty” the associate will be subject to disciplinary action.

An Affidavit of Domestic Partnership form should be enclosed with this summary (see pages 10 and 11). If it is missing or you need another copy, call Advocate InfoExpress at (800) 775-4784.

Important! If you enroll your eligible domestic partner for coverage under the PPO/Deductible Reimbursement Plan (PPO/DRP) or Health Maintenance Organization (HMO) Medical options, coverage for your domestic partner will be "pending" until he or she completes a Succeed Questionnaire. If your domestic partner does not complete a Succeed Questionnaire during the applicable benefits period, he or she will not be eligible for Medical coverage.

Eligible Life Events and Domestic Partnerships

Benefit elections that you make during annual Benefits Enrollment are generally effective throughout the following calendar year—January 1 through December 31. Because of the tax advantages made available through the Advocate benefits program, the IRS limits your ability to change your benefit elections during the year.

You can change certain benefits during the year only if you have an eligible life event. With regard to your domestic partnership, the following will be considered eligible life events:

- Filing and approval of an Affidavit of Domestic Partnership
- Ending your domestic partnership by filing a Statement of Termination of Domestic Partnership
- Change in your domestic partner’s employment status and/or benefit eligibility
- Death of your domestic partner

These eligible life events only apply if you, the associate, has coverage under the Medical and/or Dental plans.

Any change(s) must be requested within 30 days of the date of your eligible life event. Also, the change(s) must be consistent with the event. The change(s) will generally take effect as of the date the status change(s) occurred if you notify Advocate InfoExpress of the status change(s) within 30 days of the event. You must submit any required documents to support such change(s) within 45 days of the event date.

If you do not notify Advocate InfoExpress within 30 days of the event, but do so within 90 days of the event, the effective date of your coverage change(s) will be as of the date you call Advocate InfoExpress. You must submit any required documents to support the change(s) within 45 days of such notice. Generally, if you do not notify Advocate InfoExpress of the change(s) within 90 days of the event, you will have to wait until the next annual Benefits Enrollment to change your coverage.

To make any changes, contact InfoExpress at www.infoexpress.com or (800) 775-4784.

Paying for Domestic Partner Benefits

Advocate pays the majority of the cost to provide benefits for a spouse and children—and its contribution will be the same for your domestic partner. That means the premium you pay for coverage will be the same as any associate. If you will be covering a domestic partner, you can select coverage for:

- Yourself and your domestic partner, or
- Yourself, your domestic partner and all your legal dependents.

Your contributions for coverage will be on a pre-tax basis for you and your legal dependents and a post-tax basis for your domestic partner. This means that the value of coverage for you and your children as eligible dependents remains tax-free, and that the full cost of Advocate's share of your domestic partner coverage must be added to your income and taxed for any applicable federal, FICA, state, local or other payroll taxes.

Because of these tax issues, it is important to consider both the premiums and the additional taxes you will pay when you are evaluating the cost of covering your domestic partner.

The Domestic Partner Imputed Income Chart on page 9, summarizes the approximate value of Advocate's contributions for the medical and dental plans that will be added to your taxable income, depending on the type of coverage you choose. The value of Advocate's contribution that is taxable will be added to your earnings so that your W2 will reflect that imputed income. This monthly amount will be divided over 26 pay periods and reflected on your paycheck each pay period. The amount will show as earnings so that it can be taxed, but then shown as a deduction, as it is not to be recorded as actual income earned. An associate deduction for single coverage will also be reflected on an after-tax basis for each plan your domestic partner is enrolled in.

If it is determined that your domestic partner does not qualify for coverage, you will not be refunded the amount of the premium deductions or the amount subject to tax.

Health Care Continuation of Coverage

Advocate's Health Care Continuation Coverage allows you and eligible dependents to continue group health care coverage after your employment ends, if you pay for the full cost of the continuing coverage. Technically, Health Care Continuation Coverage does not apply to your domestic partner. However, Advocate will offer this option to continue benefits. You will have the same options to continue coverage for your domestic partner as you would for a spouse.

The coverage will be in effect from the date of your eligible life event. You will need to provide your documentation to Advocate InfoExpress if the event is the dissolution of your domestic partner relationship for your domestic partner to be extended Health Care Continuation Coverage.



Domestic Partner Imputed Income Chart

The following examples show approximate taxable income amounts or domestic partner benefits based on 2009 rates; actual amounts may vary.

For an associate with 3 to 10 years of benefits-eligible service:

	Single monthly premium	Cost per-pay period for premiums	Full-time Associate after-tax deduction per pay period	Amount on each pay check subject to federal FICA and state tax
Medical Plan				
HMO	\$417.34	\$192.62	\$44.00	\$148.62
PPO/DRP	\$545.71	\$251.87	\$57.00	\$194.87
Dental Plan				
HMO	\$15.73	\$7.26	\$2.50	\$4.76
PDP	\$32.93	\$15.20	\$5.83	\$9.37

For a new-hire associate with less than 2 years of benefits-eligible service:

	Single monthly premium	Cost per-pay period for premiums	Full-time Associate after-tax deduction per pay period	Amount on each pay check subject to federal FICA and state tax
Medical Plan				
HMO	\$417.34	\$192.62	\$62.00	\$130.62
PPO/DRP	\$545.71	\$251.87	\$81.00	\$170.87
Dental Plan				
HMO	\$15.73	\$7.26	\$2.50	\$4.76
PDP	\$32.93	\$15.20	\$5.83	\$9.37



Affidavit of Domestic Partnership

ASSOCIATE INFORMATION

Name _____

SSN _____

Address _____

Phone Number _____

DOMESTIC PARTNER INFORMATION

Name _____

SSN _____

We, the above named parties, hereby declare that we are domestic partners and further declare that we meet each of the following criteria of domestic partnership:

1. We have been living together in a committed exclusive relationship of mutual caring and support for a period of at least one year.
2. We intend for the domestic partnership to be permanent.
3. We are financially interdependent such that we are jointly responsible for the common welfare and financial obligations of the household, or the non-employee domestic partner is chiefly dependent upon the employee for care and financial assistance.
4. Neither of us is legally married to any other individual, and if previously married, a legal divorce or annulment has been obtained or the former spouse is deceased.
5. We are mentally competent to enter into a contract according to the laws of the state in which we reside.
6. We are 18 years of age or older and are old enough to enter into marriage according to the laws of the state in which we reside.
7. We do not have a blood relationship that would bar marriage under applicable laws of the state in which we reside, if we otherwise satisfied all other applicable marriage requirements of such state.
8. We are not in this relationship solely for the purpose of obtaining benefits.

We understand that:

1. Domestic partner benefits under the Advocate Benefits Program may have federal and, possibly, state tax consequences.
2. If the domestic partnership no longer meets all of the criteria attested to in this Affidavit, we must file a Statement of Termination of Domestic Partnership with the Domestic Partner Benefits Administrator within 30 days of such change, and make the appropriate election change within InfoExpress.
3. If we supply false information in this Affidavit, submit fraudulent benefit claims, or fail to notify Advocate of any termination of our domestic partnership, Advocate may:
 - A. Recover any benefits improperly paid, and
 - B. Initiate disciplinary action which may include termination of the associate's employment. We further understand that any person/employer/company who suffers any loss due to any false statement contained in the documents provided as part of this Affidavit, any fraudulent benefit claims, or failure to notify Advocate as described above, may bring a civil action against either or both of us to recover their losses, including reasonable attorney's fees.

The filing of this Affidavit may have other legal and/or financial consequences, including the fact that it may be regarded as a factor leading a court to treat the relationship as the equivalent of marriage for purposes of establishing and dividing community property, assigning community debt, and for the payment of support.

Acknowledgements:

1. We certify that any and all representations that we have made and information that we have provided as part of this Affidavit as evidence of our domestic partnership are true and accurate and that any documents provided to Advocate Health Care upon request are authentic.
2. We agree to indemnify, jointly and separately, Advocate and the Domestic Partner Benefits Administrator for any expenses or liabilities they incur as a result of any misrepresentations or inaccuracies, whether made knowingly or unknowingly, in this Affidavit or in any of the information concerning our domestic partnership provided with Affidavit.
3. We have provided the information in this Affidavit for use by Advocate Health Care and the Domestic Partner Benefits Administrator for the purpose of determining our eligibility for domestic partner benefits.

We have been advised to consult with an attorney regarding the possibility that the filing of this Affidavit may have other legal and/or financial consequences, including the fact that it may, in the event of the termination of the domestic partnership, be regarded as a factor leaving a court to treat the relationship as the equivalent of marriage for purposes of establishing and dividing community property, assigning community debt, and for the payment of support.

We affirm, under penalties of perjury, that the assertions in this Affidavit are true and correct to the best of our knowledge and belief.

Associate Signature

Date

Domestic Partner's Signature

Date

Sworn to and subscribed before me this _____ day of _____, _____

Notary Public's Signature

My Commission Expires: _____
Date

I also agree to supply at least two of the following items as proof of eligibility. (Please check those you are submitting for verification. The documentation provided must clearly have been in effect for the one-year waiting period, as required.)

- Joint mortgage or lease agreement
- Notarized mutual assignment of Power of Attorney for financial and medical
- Joint checking or credit account
- A formal commitment ceremony document, which is subject to validation
- Primary beneficiary designation for will, life insurance and/or retirement benefits

Return this notarized Affidavit along with two pieces of the above documentation within 45 days of your enrollment to Advocate InfoExpress, Health & Welfare Benefits Service Center, 2835 South Decker Lake Drive, Salt Lake City, Utah 84119-2330