



DISTRICT COUNCIL 16
Northern California Health and Welfare Trust Fund
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**TO: ALL ACTIVE AND RETIRED PARTICIPANTS OF THE
DC16 NORTHERN CALIFORNIA HEALTH AND WELFARE TRUST FUND**

RE: HEALTH BENEFITS FOR DOMESTIC PARTNERS

As of March 1, 2008 the DC16 Northern California Health and Welfare Trust Fund will be offering eligibility for Health Benefits to your domestic partner (of the same or opposite sex). Your domestic partner will be granted the same status as any legally married spouse of a participant of the Health Fund. In the same manner as legally married spouses, your domestic partner must elect the same medical and dental plans as you and will only be eligible for benefits in which you are enrolled.

Who is considered a domestic partner?

Any person with whom you have registered a domestic partnership with a government body pursuant to a state or local law authorizing such registration (e.g., if you and your partner had registered your domestic partnership with the City and County of San Francisco).

Will my domestic partner's children be covered under the Plan?

Any child of your domestic partner who resides with you and meets all the existing plan rules governing the eligibility of dependent children will be covered under the Plan. Your domestic partner and his or her children will be eligible for benefits on the same basis as those currently provided to spouses of eligible participants and their children.

Will there be any additional cost for domestic partner coverage?

For **Active** employees, current plan rules do not require participant premium payments for legally married spouses, and therefore, active employees will not have to pay for a domestic partner's coverage. However, the fair market value of the domestic partner's coverage must be reported by your employer as a taxable income to those participants covering domestic partners. This amount will be reported to the IRS as income to you. You will receive a copy of this report (1099 Form).

As a **Retiree**, you will have to pay the applicable self-payment rate for two-party or family coverage (depending on the coverage option selected) in the same manner as legally married retirees. For those retirees covering domestic partners, the amount of the Health Fund subsidy must be reported as taxable income to you at the end of the year.

How do I add my domestic partner?

You will need to contact the Fund Office to request an enrollment form and an affidavit for enrollment of your domestic partner. As noted above, you and your domestic partner must be enrolled in the same benefit programs. Please note that legally married participants are required to furnish a copy of their marriage certificate when adding a spouse for coverage under the Fund.

If you wish to enroll your domestic partner and his or her children in the Plan, you must complete and return the enrollment form and other pertinent documents. In accordance with current plan rules, any new dependent (including new domestic partners) can be added within 31 days after becoming your dependent.

Sincerely,

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AFFIDAVIT FOR ENROLLMENT OF A DOMESTIC PARTNER
This Form Must Be Notarized

I, _____ (hereinafter referred to as the Employee) and
I, _____ (hereinafter referred to as the Partner), hereby Declare under
penalty of perjury that we have registered as Domestic Partners with
effective _____.

(Name of state or local government)

(Date)

Attach verification of the Domestic Partner registration from the government body authorized to process such registration.

BY REQUESTING ENROLLMENT OF A DOMESTIC PARTNER UNDER THIS AFFIDAVIT, EACH OF US UNDERSTAND THAT THE DC 16 NORTHERN CALIFORNIA HEALTH AND WELFARE TRUST FUND, IN ACCORDANCE WITH FEDERAL TAX LAW, MUST REPORT IMPUTED TAXABLE INCOME ON BEHALF OF THE ABOVE NAMED EMPLOYEE TO THE EMPLOYER(S) OF THE EMPLOYEE WHO HAS ENROLLED A DOMESTIC PARTNER FOR COVERAGE UNDER THE HEALTH TRUST. THE EMPLOYER(S) MUST IN TURN REPORT THIS AMOUNT AS TAXABLE INCOME TO THE EMPLOYEE VIA THE EMPLOYEES ANNUAL IRS W-2 FORM.

Each of us understands the eligibility rules for the DC 16 Northern California Health and Welfare Trust Fund and declares that the above statement is true and correct. We further declare that if the status of our Domestic Partner relationship changes at a later date, we will immediately notify the Trust Fund Office of this change. We understand that if the Trust or the Trustees, or their agents suffer any loss due to an inaccurate or fraudulent statement in this Affidavit, they may bring a civil action against either or both of us to recover their losses, including, but not limited to, medical claims and/or premiums paid on our behalf, and reasonable attorneys' fees in pursuing such collection action.

Employee's Signature

Social Security Number

Date

Partner's Signature

Social Security Number

Date