SecurityHealth Plan

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Amendment to Certificate of Coverage: Domestic Partner Eligibility Non-governmental Groups Only

Security Health Plan of Wisconsin has issued a Group Insurance Policy ("Policy") to the policyholder. Under said Policy, an accompanying Certificate of Coverage serves as a key plan document to describe the benefits, exclusions, requirements and other features of the health care coverage purchased under the Policy.

Now, therefore, in consideration of the premium charged for the Policy, the Certificate of Coverage to which this Amendment is attached is hereby amended as follows:

1. **Section II-HOW TO JOIN OUR PLAN**, under the heading *Who is eligible for coverage*, the last paragraph beginning with *People eligible for Security Health Plan coverage include*, is hereby amended to read as follows:

   People eligible for Security Health Plan coverage include:
   - Subscribers – A subscriber is the employee who works for the policyholder.
   - Dependents – A dependent includes the subscriber's spouse, eligible children and domestic partner sharing a committed relationship with the subscriber and meeting certain criteria more fully described below.
     - Eligible children must be younger than 26 or such other age as shown in the covered employee's Schedule of Benefits and not on active duty with the military including the National Guard or reserves.
     - A domestic partner is eligible if the shared committed relationship meets the following criteria:
       - Neither party is married to anyone nor has another domestic partner;
       - The parties are not related by blood closer than would prohibit marriage in the state of primary residence;
       - Both parties are of age for consent to legal marriage; and
       - Both parties occupy the same dwelling unit

       In addition to the above outlined criteria for domestic partner eligibility, subscriber must provide proof to policyholder that, for at least a 12-month period prior to an enrollment request for coverage, the subscriber and domestic partner either:
       - Have obtained a domestic partnership certificate from any city, county or state offering the ability to register a domestic partnership; or
       - Have any three of the following:
         - Joint lease, mortgage or deed;
         - Joint ownership/lease of a vehicle;
         - Joint ownership of checking account or credit account;
         - Designation of the domestic partner as a beneficiary of the eligible employee's will;

- Designation of the domestic partner as a beneficiary for the eligible employee's life insurance or retirement benefits;
- Designation of the domestic partner as holding power of attorney for health care; or
- Sharing of household expenses.

Subscriber must submit documentation of the above characteristics to policyholder. Policyholder is solely responsible for making the determination as to whether a person qualifies for coverage under the Policy.

2. In general, coverage provisions that pertain to a subscriber's eligible covered spouse apply to an eligible covered domestic partner and those that pertain to a subscriber's eligible covered stepchildren apply to an eligible covered child of a domestic partner. Examples include the following: a covered domestic partner will be considered a spouse for coordination of benefits (COB), and the domestic partner's covered children will be considered stepchildren for COB. Exceptions include, but are not limited to, the following:
    - Domestic partners are not entitled by state or federal law to continuation of coverage when coverage ends due to certain qualifying events.
    - The Policy will pay as secondary payer to Medicare for a covered domestic partner who is 65 or older because of the federal rules that regulate coordination with Medicare benefits.

3. The effective date for this Amendment is the later of the effective date of the Policy or such subsequent date on which the policyholder elected and Security Health Plan approved this coverage.

4. If there is any conflict or inconsistency between this Amendment and the Certificate of Coverage, the provisions of this Amendment shall take precedence.

5. Except as otherwise amended by this Amendment, all the terms and conditions of the Certificate of Insurance shall remain in full force and effect and are hereby restated.

IN WITNESS WHEREOF, Security Health Plan has executed this amendment.

SECURITY HEALTH PLAN OF WISCONSIN, INC.