

Civil Partner Coverage—Exhibit D

Part 1 – General Information

Plan Sponsor name _____

HealthFlex # _____ UMC ID # _____

Part 2 – Election to Offer Civil Partner HealthFlex Coverage

By checking the box below, the Plan Sponsor elects, pursuant to applicable state law and §3.06(d) of the Plan, to offer HealthFlex coverage to the same-sex partners (Civil Partners) of covered participants, which partners have entered a civil union or domestic partnership under the law of the state in which the participant resides, which law provides the substantive and procedural rights, privileges, obligations and immunities of marriage under the laws of such state.

Such coverage, in effect, shall treat the Civil Partner of the participant as a spouse under the Plan, to the extent permitted by federal law, providing the same coverage and benefit options, including coverage as a “surviving spouse,” i.e., a surviving Civil Partner. Such coverage shall also treat the dependent children of the Civil Partner as dependents of the participant under the Plan to the extent required and permitted by federal law and to the extent that they are eligible under other applicable provisions of the Plan.

☐ The undersigned, a duly authorized representative of the Plan Sponsor, hereby declares the Plan Sponsor’s desire and intent to offer such coverage.

Furthermore, the Plan Sponsor represents that it is aware of the requirements set forth by ¶613.19 of *The Book of Discipline* and Judicial Council Decision Nos. 1030, 1075 and 1264 regarding coverage of same-sex domestic partners.

Part 3 – Signatures

(Print name of Plan Sponsor) _____ has selected the Plan benefit options indicated above in this *Exhibit D* to the HealthFlex Plan Sponsor Adoption Agreement dated _____, to become effective on _____, 20 ____ and remain in effect until further notice.

Plan Sponsor legal name _____

Print name of authorized representative _____ Title _____

Authorized signature _____ Date _____

Accepted by Wespath

Print name of authorized representative _____ Title _____

Authorized signature _____ Date _____