

Individual Domestic Partner Eligibility Requirements

As of July 26, 2009, eligible domestic partners may enroll in a Premera health plan and be entitled to the same benefits as a spouse. If you wish to enroll your domestic partner, please use the **Individual and Family Coverage Application**. You may download copies of this application on our website **premera.com**, on the Washington Member Forms page under *Top Requested Forms*. Coverage will not become effective until we have determined they meet our medical underwriting guidelines and we approve their application.

To be eligible as a domestic partner, the subscriber and the domestic partner must be state registered or, meet all the following qualifications:

- Be at least 18 years of age, and
- Currently share the same regular and permanent residence, and
- Have a close personal relationship, such that each is responsible for the other's welfare, and
- Are jointly responsible for basic living expenses including the cost of basic food, shelter and any other expenses of a domestic partner. They need not contribute equally or jointly to the cost of these expenses as long as they agree that both are responsible for the cost, and
- Are not married to anyone, and
- Are not related by blood closer than would bar marriage in the State of Washington, and
- Were mentally competent to consent to contract when the domestic partnership began, and
- Are each other's sole domestic partner.

We strive to bring you peace of mind with your health plan. If you have questions please call us directly at 1-800-752-6663.

We wish you good health!

Discrimination is Against the Law

Premera Blue Cross complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

Getting Help in Other Languages

This Notice has Important Information. This notice may have important information about your application or coverage through Premera Blue Cross. There may be key dates in this notice. You may need to take action by certain deadlines to keep your health coverage or help with costs. You have the right to get this information and help in your language at no cost. Call 800-722-1471 (TTY: 800-842-5357).

Español (Spanish): Este Aviso contiene información importante. Es posible que este aviso contenga información importante acerca de su solicitud o cobertura a través de Premera Blue Cross. Es posible que haya fechas clave en este aviso. Es posible que deba tomar alguna medida antes de determinadas fechas para mantener su cobertura médica o ayuda con los costos. Usted tiene derecho a recibir esta información y ayuda en su idioma sin costo alguno. Llame al 800-722-1471 (TTY: 800-842-5357).

中文 (Chinese): 本通知有重要的訊息。本通知可能有關於您透過 Premera Blue Cross 提交的申請或保險的重要訊息。本通知內可能有重要日期。您可能需要在截止日期之前採取行動，以保留您的健康保險或者費用補貼。您有權利免費以您的母語得到本訊息和幫助。請撥電話 800-722-1471 (TTY: 800-842-5357)。

Tiếng Việt (Vietnamese): Thông báo này cung cấp thông tin quan trọng. Thông báo này có thông tin quan trọng về đơn xin tham gia hoặc hợp đồng bảo hiểm của quý vị qua chương trình Premera Blue Cross. Xin xem ngày quan trọng trong thông báo này. Quý vị có thể phải thực hiện theo thông báo đúng trong thời hạn để duy trì bảo hiểm sức khỏe hoặc được trợ giúp thêm về chi phí. Quý vị có quyền được biết thông tin này và được trợ giúp bằng ngôn ngữ của mình miễn phí. Xin gọi số 800-722-1471 (TTY: 800-842-5357).

Tagalog (Tagalog): Ang Paunawa na ito ay naglalaman ng mahalagang impormasyon. Ang paunawa na ito ay maaaring naglalaman ng mahalagang impormasyon tungkol sa iyong aplikasyon o pagsakop sa pamamagitan ng Premera Blue Cross. Maaaring may mga mahalagang petsa dito sa paunawa. Maaring mangailangan ka na magsagawa ng hakbang sa ilang mga itinakdang panahon upang mapanatili ang iyong pagsakop sa kalusugan o tulong na walang gastos. May karapatan ka na makakuha ng ganitong impormasyon at tulong sa iyong wika ng walang gastos. Tumawag sa 800-722-1471 (TTY: 800-842-5357).