

SCREEN ACTORS GUILD - PRODUCERS HEALTH PLANS

Dear Participant:

Enclosed is the information packet you requested on health coverage for your domestic partner.

This Information Packet contains:

1. Questions and Answers on Domestic Partner Health Coverage
2. Affidavit of Domestic Partnership
3. Affidavit of "Dependency"
4. Schedule of Taxes
5. Statement of Disenrollment, Death or Termination of Domestic Partnership
6. Performer Information Form
7. Enrollment Worksheet

Since July 1, 1998, the Health Plan has offered health coverage for Qualified Domestic Partners. This coverage is designed for same-sex relationships that have been in existence for at least 6 months. Health Plan coverage for your domestic partner begins the first day of the month following receipt and approval by the Plan Office of the necessary forms, and tax payments where applicable, as outlined in this letter.

The following is a brief explanation of each item in the Information Packet.

Questions and Answers on Domestic Partner Coverage

This is a good place to start. The easy to read information outlines the Plan's requirements for domestic partnership, tells you what is needed to enroll, what coverage is available, etc. If you have additional questions or need more detail in a particular area, feel free to call the Plan Office and speak with a Participant Services Representative.

The Affidavit of Domestic Partnership

The Affidavit of Domestic Partnership establishes that you and your domestic partner meet the eligibility requirements for enrollment. It contains all of the affirmations you and your partner must make under penalty of perjury and in the presence of a Notary Public.

In signing this affidavit you agree that the relationship of mutual financial support between you and your domestic partner is the same as if you were married as husband and wife (including, in some cases, liability for each other's debts). You are encouraged to read this document carefully.

Items 6 and 11 on the affidavit list the items you must provide to the Health Plan as part of the enrollment process. Documentation submitted must be in excess of 6 months old. You may submit photocopies of the selected items, however we must have an original copy of the affidavit. Faxed or photocopied affidavits are not acceptable.

Affidavit of "Dependency"

You must include an original copy of this signed and notarized affidavit if your domestic partner is considered your dependent for tax purposes. You and your Domestic Partner are also required to verify your tax status annually. This is required for compliance with the Internal Revenue Code.

Schedule of Taxes

If your domestic partner is **not** your "dependent" for tax purposes or Code Section 152 Dependent you will need to prepay taxes on the value of the coverage. This is because the Internal Revenue Code considers the value of the health coverage as *wages* to the Participant and assesses a tax on those wages. These taxes must be prepaid on a quarterly basis.

Use the Schedule of Taxes to determine the amount of quarterly taxes you are required to submit with your other enrollment materials. Find the quarterly tax amount due based on your eligibility status. Make checks payable to the Screen Actors Guild - Producers Health Plan.

Statement of Disenrollment, Death or Termination of Domestic Partnership

This statement is to be used if and when the domestic partner relationship ends or Health Plan coverage for the domestic partner is no longer desired. This form must be filed with the Plan Office within 10 days of the termination of the domestic partnership. The date that is entered on this Statement of Disenrollment will be used to determine the eligibility termination date.

Performer Information Form

Your domestic partner should **not** be listed as a spouse on your Performer Information Form. However, if you want to list your partner as your beneficiary please complete and submit this form. The form must be completed in its entirety even if you are only changing your beneficiary.

Qualified Domestic Partner Health Coverage Enrollment Worksheet

This is your checklist of needed enrollment materials. Benefits begin for your domestic partner the first day of the month following receipt and approval by the Plan Office of ALL the necessary notarized affidavits, supporting documents and, where applicable, your prepaid tax payment. This worksheet will help you assemble a complete enrollment package and avoid delays in your domestic partner's eligibility start date.

If you have additional questions after reviewing this information, please call the Plan Office and speak with a Participant Services Representative.

Sincerely,

BOARD OF TRUSTEES