

**Amendment to
Certificate of Coverage
Domestic Partners – Same or Opposite Sex**

Your Anthem Blue Cross and Blue Shield Lumenos HIA Plan (7135ME), HIA Plus Plan (7048ME), HRA Plan (7131ME) or HSA Plan (6989) Certificate of Coverage is changed as stated in this amendment.

The section titled "Eligibility, Termination, and Continuation of Coverage" is changed as follows:

The subsection titled "Who is an Eligible Group Member?" is changed by adding the following:

- The subscriber's domestic partner;
- The domestic partner's unmarried child(ren) who meet the eligibility requirements as outlined in the contract documents.

The subsection titled "Domestic Partners" is added to the "Membership Additions" subsection as follows:

Domestic Partners If we receive a completed application for change:

- Within 31 days of the date the Affidavit of Domestic Partnership was signed, coverage begins on the first day of the month that occurs immediately on or after the date we receive the application.
- After 31 days from the date the Affidavit of Domestic Partnership was signed, coverage will begin on the group's next annual late enrollee enrollment period.

The section titled "Definitions" is changed by adding the following language:

Domestic Partner A person of the same or opposite sex as the subscriber, neither of whom is married to another person, who can demonstrate shared financial obligations, shared primary residence, and shared responsibility for the welfare of the subscriber.

Affidavit of Domestic Partnership A statement signed by the subscriber and domestic partner and duly notarized, which attests to shared financial obligations, shared primary residence, and mutual responsibility for the welfare of the subscriber and domestic partner.

All other terms, conditions, exclusions, and limitations of your Anthem Blue Cross and Blue Shield Lumenos HIA Plan (7135ME), HIA Plus Plan (7048ME), HRA Plan (7131ME) or HSA Plan (6989) Certificate of Coverage apply to this amendment.



Nancy L. Purcell
Corporate Secretary
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