



EMPIRE HEALTHCHOICE HMO, INC. DOMESTIC PARTNER RIDER

This Rider changes coverage under your Empire HealthChoice HMO, Inc. Certificate of HMO coverage.

1. **Domestic Partners Covered.** Section Two of your Certificate, entitled “Who Is Covered,” is hereby amended to add a domestic partner as a covered family member to the extent that the group’s plan covers domestic partners as family members. A domestic partner is an individual who has entered into a domestic partnership with the person to whom the Certificate is issued.
2. **Domestic Partnership Defined.** A domestic partnership means:
 - A. Two people, of the same sex, both eighteen (18) years of age or older, who are not related by blood in a manner that would legally prohibit their marriage. Neither person is married. Neither person has had another domestic partner within the last six (6) months.
 - B. The persons have been living together on a continuous basis for at least six (6) months. The persons intend to continue to live together indefinitely. Proof of cohabitation must be submitted and includes: a driver’s license; tax return; or other sufficient proof as determined by Empire HealthChoice HMO, Inc.
 - C. The two persons are registered as domestic partners, when registration is available; or the two persons submit an affidavit of domestic partnership. The registration statement or affidavit must be submitted to verify the domestic partnership.
 - D. The financial interdependence of the domestic partners is established by evidence of two or more of the following, proof of which must be submitted:
 - Joint bank account.
 - Joint credit or charge card.
 - Joint obligation on a loan.
 - Joint ownership of residence or other real estate.
 - Joint tenants on a lease or shared rental payments of residence or other property.
 - A common household and shared household expenses (e.g., grocery bills, utility bills, telephone bills).
 - Joint ownership of vehicle or major items of personal property.
 - Wills having each other as executor and/or beneficiary.
 - Designation as beneficiary under the other’s life insurance policy.

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- Designation as beneficiary under the other's retirement benefits plan.
- Mutual grant of authority as health care proxy.
- Mutual grant of durable power of attorney.
- Status as authorized signatory on other's credit card, charge card or bank account.
- Joint ownership or holding of investments.
- Shared household budget for purposes of government benefits.
- Status of one as payee of the other's government benefits.
- Joint responsibility or shared expenses for child care.
- Such other items as may be sufficient under the facts of a particular case.
- Affidavit of creditor or other individual able to testify to partners' financial interdependence.

E. The persons agree to file a termination statement in the event of termination of the domestic partnership.

F. The domestic partnership is verified by the submission of the three (3) categories of proof described in B, C and D above.

3. **Dependents of Domestic Partners.** The definition of "Children" under the Certificate will include children of your domestic partner who are otherwise eligible for coverage under Section Two of the Certificate.

4. **Other Provisions.** All of the terms, conditions and limitations of your HMO Certificate to which this Rider is attached also apply to this Rider, except where specifically changed by this Rider.



Seth Truwit
Corporate Secretary



Michael A. Stocker, M.D.
President
and
Chief Executive Officer