## Important Information About Your Flex Benefits and...

### Beginning a Marriage or Domestic Partnership

Getting married or beginning a domestic partnership is the start of a new phase in your life.

Because it can be a hectic time, here's what you'll need to consider when you marry or begin a domestic partnership.

#### Who's Eligible

You can enroll your new spouse/domestic partner and newly eligible dependent children within 30 calendar days of the family status change. To be eligible, children must be:

- Your dependent children up to age 26 including your domestic partner's children if your City of Los Angeles Domestic Partnership Affidavit is approved or you provide a copy of your Declaration of Partnership filed with the California Secretary of State
- Your grandchildren up to age 26 if you have legal custody and provide the Employee Benefits Division with copies of court papers
- Your grandchildren if the parent is your dependent child up to age 19 – or up to age 26 for a full-time student with valid proof of student status
- Your disabled child age 26 or older who is dependent on you for support if disabled before age 18 and certified as disabled each year by the insurance company for your health plan.

#### **Changing Your Benefits**

#### What Benefits You Can Change

- Enroll your spouse/domestic partner and any new dependent children in your health and dental – or choose Cash-in-Lieu of health coverage
- Enroll in, increase or decrease Healthcare Flexible Spending Account and Dependent Care Reimbursement Account contributions
- Enroll in or change your amount of supplemental and dependent life insurance, accidental death and dismemberment (AD&D) and supplemental disability insurance

The benefit changes you are allowed to make depend on your benefit choices at the time of your family status change.

#### **When** You Can Enroll and Make Benefit Changes

• Within 30 calendar days of the date your marriage begins or the 12-month anniversary of the date you and your domestic partner began living together. If you don't enroll within 30 calendar days, you will have to wait until the next annual enrollment, October 1–31, to change your benefit choices and your spouse/domestic partner and dependent child(ren) will not have Flex coverage until the next January unless you have another qualifying family status change.

#### **How** To Enroll and Make Benefit Changes

Call the Benefit Service Center at 1-800-778-2133, or go online via the Internet at www.myflexla.com.

If you decline health coverage and take Cash-in-Lieu, you must have health coverage through your spouse's or domestic partner's employer, through retiree coverage, or through a second employer (with City department approval). When you enroll in Cash-in-Lieu, you must complete and return the Cash-in-Lieu Affidavit.

#### **When** Changes Are Effective

- Health and dental coverage date of enrollment, with your contributions for coverage effective that same date
- Life insurance generally, date of enrollment; if proof of good health is required, changes are effective when Evidence of Insurability is approved by the insurance company
- Healthcare Flexible Spending Account or Dependent Care Reimbursement Account – date of enrollment

If your coverage cost or account contributions change, your new contributions through payroll deductions will begin one to three pay periods from the date you enroll a dependent or make changes.

# FLEX Benefits for your way of life.

#### **About Enrolling A Domestic Partner**

Within 60 days of enrolling, you must complete and submit a City of Los Angeles Domestic Partnership Affidavit or provide a copy of your Declaration of Partnership filed with the California Secretary of State.

To have the affidavit approved by the Employee Benefits Division, you and your domestic partner must:

- be in a committed and mutually exclusive relationship in which you are jointly responsible for each other's welfare and financial obligations,
- have resided together in the same principal residence for at least 12 months and intend to do so indefinitely, and
- be 18 years of age or older, unmarried and not blood relatives.

See Providing Proof of Your Family Status Change on page 2 for more information.

#### Resources

- To enroll your new spouse/domestic partner and any new dependent children, go to www.myflexla.com or call 1-800-778-2133.
- For questions, call the Employee
  Benefits Division at 213-978-1655
  Monday through Friday, 8 a.m. to
  4 p.m. Pacific time or send an email
  to per.EmpBenefits@lacity.org
- For forms including domestic partnership affidavit and reimbursement account claims – go to www.myflexla.com.

#### Things To Think About When You Enroll

#### Health and Dental Coverage

You will need to select a primary care physician (PCP) for new family members you enroll in the Anthem Blue Cross HMO and a primary care dentist (PCD) if you enroll new family members in the DeltaCare USA DHMO dental plan. If you don't select a PCP or PCD when you enroll, one will automatically be assigned by Anthem Blue Cross or DeltaCare based on your home zip code.

#### Pre-Tax Benefits and Domestic Partner Coverage

Under federal tax laws, pre-tax dollars generally cannot be used to buy benefits for domestic partners. When you enroll your domestic partner in health or dental coverage, you will pay your share of the coverage cost with after-tax dollars. The amount Flex contributes toward the cost of your domestic partner's health coverage will be taxable to you as regular income included on your W-2 form at the end of the year.

#### Life Insurance

- You must have supplemental life insurance for yourself to choose spouse/domestic partner coverage of \$10,000, \$25,000, \$50,000, \$75,000 or \$100,000 or coverage of \$5,000 for a new dependent child.
- Proof of good health may be required depending on the level of coverage you elect. You may need to provide Evidence of Insurability to the insurance company.
- You are automatically the beneficiary of dependent life insurance. You may want to consider adding your new spouse/domestic partner as a beneficiary for your basic or supplemental life insurance.

#### Accounts for Saving on Healthcare and Dependent Care Expenses

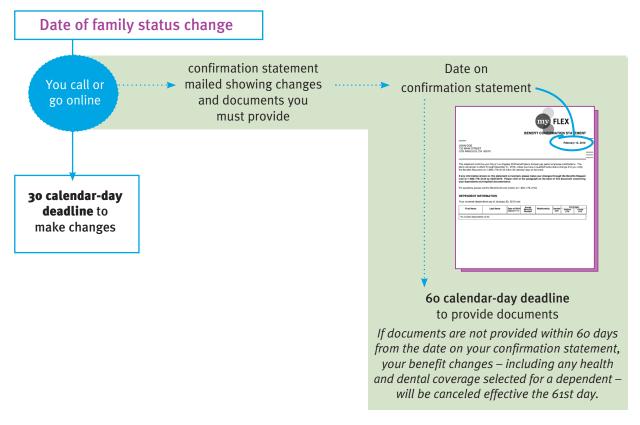
You can increase or decrease pre-tax contributions or begin contributing to a:

- Healthcare Flexible Spending Account to reimburse yourself for eligible healthcare expenses for you and your dependents
- Dependent Care Reimbursement Account to reimburse yourself for day care expenses for your eligible dependents (generally, your dependent children under age 13 or a disabled dependent who is incapable of self-care).

If you choose to contribute to either or both accounts, an administrative fee of \$2.25 will automatically be deducted from your paycheck, and you must file claims by the claims deadline for the year or you forfeit any money left in your account. See "Know Your Benefits" at www.myflexla.com for more information.

#### Providing Proof of Your Family Status Change

- You have 60 days from the date on your confirmation statement to provide either a copy of your marriage certificate or to complete and submit a City of Los Angeles Domestic Partnership Affidavit or a copy of your Declaration of Domestic Partnership filed with the California Secretary of State.
- If you do not submit the required documents by the deadline, any benefit changes you made including any health and dental coverage you selected for a spouse/domestic partner or new dependent child will be canceled effective the 61st day after the date on your confirmation statement. Any medical or dental expenses you or your dependent has after coverage is canceled will be your financial responsibility.



This summary is published by the City of Los Angeles Joint Labor Management Benefits Committee. It provides only highlights of family status changes and the Flex program. It does not change the terms of your benefit plans or the official documents that control them. If there are any inconsistencies between this summary and the official plan documents, the plan documents will govern. Plan documents are the legal papers that describe the benefit plan rules in detail. They may include insurance policies and similar kinds of contracts.