

Employer's Domestic Partnership Directive

Employer Name _____ Group Number _____

Contact Name _____

Contact E-mail Address _____ Telephone _____

Effective December 3, 2009, all insured group plans in Washington state must provide coverage for state-registered domestic partners. The law requires that domestic partners who are registered with the state be covered and treated as married couples.

Washington Dental Service currently offers coverage for domestic partners if our clients have selected this coverage.

I (or We) request that our plan cover only Washington state registered domestic partners as required by Washington state law. I (or We) understand that we may change this status prior to the plan anniversary date by providing a written request for these changes.

I (or We) understand that I (or We) will provide notification to our employees of this coverage for domestic partners and maintain all affidavits and/or copies of domestic partner registrations.

Authorized Signature

Date

Return this form via fax or e-mail to:

Fax: 206-985-4821

Email: producers@deltadentalwa.com

If it is more convenient, you may send this via U. S. Mail to:

Attn: Sales Department
Washington Dental Service
P. O. Box 75688
Seattle, WA 98175-0983