



IBEW LOCAL 595 TRUST FUNDS



October 1, 2013

U.S. vs. WINDSOR (Unconstitutionality of DOMA)

On June 26, 2013, the Supreme Court found Section 3 of the Defense of Marriage Act ("DOMA") to be unconstitutional. This has certain implications to same-sex marriages and the manner in which benefits are applied to same-sex marriage partners by the IBEW Local 595 Health & Welfare Plan ("Plan").

- Federal taxation of same sex spousal benefits has been eliminated. The Plan has been extending coverage to eligible domestic partners and same sex spouses of Participants in the same manner as has been extended to opposite sex spouses. However, the benefits provided to same sex spouses and domestic partners were subject to federal taxation. This decision eliminates the federal taxation of the benefits to same sex spouses in states that allow or recognize these marriages. The decision does not change the taxation requirements for domestic partners. *Please see you tax consultant for what how this might affect your own personal situation.*
- Beneficiary Designations for Death and Accidental Death Benefits. For the Death Benefit and Accidental Death Benefits provided by the Plan, spousal approval is now required to designate anyone other than your spouse as a beneficiary. If a Participant had designated someone other than his or her spouse as their primary beneficiary but did not spousal approval because it was not required for a same sex spouse, it will be necessary to complete a new beneficiary designation form. *If this affects you, please contact the Plan Office to obtain and complete an updated beneficiary designation form.*

ENROLLMENT AND COORDINATION OF BENEFITS UPDATE

As some eligible same sex spouses might not have been added to coverage as a spouse due to the concern that the spousal benefits would be subject to taxation, those spouses might not have been added to coverage under this Plan that they might otherwise have been eligible for. Additionally, the attached Enrollment update and Coordination of Benefits forms are being mailed to all Participants in the Plan. These forms are used to update the Plan with your most current information related to your health care benefits.

- Vital Enrollment Form. *Please complete this form to include your most updated information, including information of all of the dependents that should be enrolled in the plan.* You may use this form to add any eligible dependents. Please note that if you are adding a dependent that was not previously listed as a covered dependent, you will be required to include with the form the appropriate documentation such a marriage or birth certificate.

Please refer to your Summary Plan Description, pages 21 which outlines the eligibility rules for qualified dependents.

- Coordination of Benefits Form. You and your dependents may be entitled to benefits under this Plan as well as benefits under another plan. In such cases, this Plan will coordinate its benefits with those provided by other employer related group plans. *It is **vital** that you inform the Plan Office of other coverage(s) information. If you do not have other insurance coverage, you must state that on the form and return it to the Plan Office.*

Failure in returning this form may potentially cause a delay in claims being paid.

A return envelope has been provided for your convenience. Please return completed form(s) to the Plan Office no later than November 1, 2013.

If you have any questions, please contact the Plan Office at (888) 512-5863.

This document has been uploaded and is available on the participant website at www.ibew595benefits.org.