

# PUGET SOUND ELECTRICAL WORKERS TRUST FUNDS

2815 SECOND AVENUE • SUITE 300 • P.O. BOX 34203 • SEATTLE, WASHINGTON 98124

TELEPHONE (206) 441-4667 • TOLL-FREE (866) 314-4239 • FAX (206) 505-WPAS (9727)

Administered by

Welfare & Pension Administration Service, Inc.

October 1, 2013

**TO: Active Employees, Retirees, Eligible Dependents and COBRA Qualified Beneficiaries covered by the Puget Sound Electrical Workers Healthcare Trust (the "Plan")**

**RE: Extension of Dependent Eligibility to Same-Sex Spouses  
Termination of Domestic Partner Eligibility  
Change to Dental Benefits**

*This is a summary of material modification describing benefit changes adopted by the Board of Trustees. Please be sure that you and your family read it carefully and keep this document with your Summary Plan Description Booklet.*

The Board of Trustees has taken action to change the Plan, as described below.

1. **Effective May 14, 2013**, an eligible dependent spouse is either:
  - a) an opposite-sex spouse who is lawfully married to a Plan participant; or
  - b) a same-sex spouse who is lawfully married to a Plan participant under the law of State of Washington.

*Note:* The Plan's eligibility rules for a participant's dependent children are the same regardless of whether the participant is married to an opposite-sex spouse or to a same-sex spouse.
2. **Effective midnight December 31, 2013**, domestic partners are no longer eligible dependents of Plan participants. This means that on and after January 1, 2014, the Plan does not provide benefits for domestic partners of Plan participants.
3. **Effective January 1, 2014**, an eligible dependent spouse is either:
  - a) an opposite-sex spouse who is lawfully married to a Plan participant; or
  - b) a same-sex spouse who is lawfully married to a Plan participant under the law of any State of the United States. Solely for this purpose, the term "State of the United States" includes the District of Columbia, Puerto Rico, the Virgin Islands, American Samoa, Guam, Wake Island, the Northern Mariana Islands, and any other territory or possession of the United States.
4. The Plan's Dental Benefits include prophylaxis (cleaning) under Class I — Preventive Benefits. Prophylaxis (cleaning) was limited to once in a 6-month period. **Effective June 3, 2013**, prophylaxis (cleaning) is limited to two cleanings per calendar year, with the appointments separated by at least five months.

*Note:* Not all participants are eligible for dental benefits. Please check your Summary Plan Description Booklet or contact the Administration Office for verification of dental eligibility.

If you have any questions, regarding eligibility of same-sex spouses, the termination of eligibility for domestic partners, or limitations on teeth cleaning, please contact the Administration Office at (866) 314-4239 or (206) 441-4667, option 1.

**Board of Trustees  
Puget Sound Electrical Workers Healthcare Trust**