



Your Guide to Domestic Partner/Same-Sex Spouse Benefits at Pacific Gas and Electric

This guide is a general overview of benefits available to domestic partners through PG&E and certain related issues. Complete details about benefit coverage are found in the plan documents, contracts and administrative policies, which are available from the HR Service Center or individual plan providers. Please note that this guide does not replace the official plan documents governing the benefit discussed here. The plan documents will prevail in case of any inconsistency. Pacific Gas and Electric Company reserves the right to amend, modify or terminate any benefit plans. Although any change in a plan or the termination of a plan will not affect the benefits paid to plan members before the date the plan was changed or ended, such change may result in reduced levels of benefits or benefit coverage, or increased employee and/or retiree contributions, after the effective date of any such change. The information in this guide is not intended to constitute legal, tax or other professional advice about any particular situation. We have made every attempt to ensure the accuracy of the information contained in this guide. However, you are urged to consult with an attorney or tax advisor on any legal issues or the taxability of benefits provided for your

Table of Contents

	<u>Page Number</u>
• Who qualifies for domestic partner benefits at Pacific Gas and Electric Company?	3
• How do I register a domestic partnership?	3
• Who is eligible for benefit coverage?	4
• Who is not eligible for benefit coverage?	5
• What benefits can my domestic partner and his/her eligible dependent children receive?	6
• When may I enroll my domestic partner and/or the eligible dependent children of my domestic partner in my health care plans?	9
• Change-in-Status Events	10
• What are the tax consequences associated with domestic partner benefits?	11
• What happens if my domestic partnership ends?	13
• What benefits will my surviving partner be entitled to if I die?	14
• FAQ's & Other questions about domestic partner benefits	15
• California Municipalities with Domestic Partner Registrations	17
• California State Domestic Partner Registry	19
• Appendix 1: Certification of Tax Dependency Form	20
• Appendix 2: 2012 Imputed Income Matrix – IBEW/ESC/SEIU	21
• Appendix 3: 2012 Imputed Income Matrix – Management/Administrative & Technical	22
• Appendix 4: 2012 Imputed Income Matrix – LTD w/ Medicare	23
• Appendix 5: 2012 Imputed Income Matrix – LTD w/o Medicare	25
• Appendix 6: 2012 Imputed Income Matrix – Pensioners w/ Medicare	27
• Appendix 7: 2012 Imputed Income Matrix – Pensioners w/o Medicare	29

Your Guide to Domestic Partner/Same-Sex Spouse Benefits at Pacific Gas and Electric Company

In providing benefits to its employees, PG&E tries to provide registered domestic partners with the same benefit it provides to married employees. Your registered domestic partner, and his or her children who qualify as eligible dependents are allowed to be covered under your medical, dental, and vision plans. You and your domestic partner may also be eligible for other benefits the company offers to employees in conjunction with family rights, such as family-related leaves of absence. However, current federal law limits some of the benefits that can be provided and impacts the tax treatment of some of these benefits.

Note: Because of limitations under federal law, same-sex spouses are generally treated as registered domestic partners. When the term domestic partner is used in this guide it also intended to cover same-sex spouses.

Who qualifies for domestic partner benefits at Pacific Gas and Electric Company?

Your domestic partner qualifies for the benefits described in this section of the guide if:

- Your domestic partnership is registered with any municipality or state agency that maintains a domestic partner registration process (for example, see the list starting on page 15) *and* 1) you are not currently married (if you were married in the past, your divorce must be *final*) and 2) you have not been officially registered with a different domestic partner for at least six months (if you had a former domestic partner, you must have followed all proper termination procedures required by the registry).
-

How do I register a domestic partnership?

You and your partner must meet the eligibility criteria and follow the process established by municipality or State in which you wish to register. To begin the PG&E health care benefits enrollment process for your partner and his or her dependent children who become eligible for coverage as a result of your domestic partnership registration, you must notify the HR Service Center within 31 days of the date on which your declaration is notarized or filed, whichever is later. Coverage will begin the first of the following month following the date on which you notify the HR Service Center, provided such notification is received within 31 days of the notarization/filing date. The nature and extent of benefits available will depend on the eligibility rules and provisions of each program and policy. If you do not notify the HR Service Center within 31 days of registering your partnership, you must wait until the next Open Enrollment period to obtain health care benefits for your partner and/or their child(ren), unless an additional change-in-status event occurs.

Remember, even if you and your partner meet all the criteria for having a valid domestic partnership, you must register the partnership before PG&E benefits can be extended to your domestic partner and/or eligible dependent child(ren) of your domestic partner.

[Proof of Domestic Partnership](#)

PG&E retains the right to require proof of a domestic partnership in situations where married employees would be similarly subject to this requirement. For instance, proof would need to be provided if there was suspicion of ineligible dependent coverage or fraud. In addition, if your domestic partner benefits are eligible for exemption from California state imputed income tax withholding (see ***Tax Consequences of Domestic Partner Benefits*** starting on page 10), you must provide to the company the appropriate documentation so the company can refrain from such withholding. The HR Service Center must receive the documentation with 31 days of the State's/City's date stamp in order to properly enroll your partner/partner's children in your PG&E benefit plans.

Who is eligible for benefit coverage?

You may elect coverage for the following dependents:

- Your registered domestic partner;
- Your children who are under age 26, including stepchildren, children born during a registered domestic partnership, foster children, legally adopted children and children for whom you have been permanently appointed legal guardianship by a court (does not include the legal wards of your spouse), who are not eligible for coverage under an employer-sponsored health plan. Eligibility for coverage under another parent's group health plan does not count for this purpose.
- The children of your registered domestic partner who are under age 26, including legally adopted children (for employees and retirees only) who are not eligible for coverage under an employer-sponsored health plan. (Note that a child for whom your registered domestic partner is the legal guardian is not an eligible dependent.) Eligibility for coverage under another parent does not count for this purpose.
- Your disabled children or those of your spouse/registered domestic partner who are age 26 or older; who are certified as disabled by a Doctor of Medicine (M.D.) or Doctor of Osteopathy (D.O.); and who have been approved by a PG&E-sponsored medical plan provider for continued coverage before they reached age 26. For more information, please contact the Member Services department of the medical plan in which you are enrolled.
- Your family member or registered domestic partner if you both are Management and Administrative & Technical employees; both are union-represented employees; or both are retirees. You each have the option of electing coverage as an "employee" or "retiree," or you can be covered as a "dependent" of the other. However, you may not be covered as both. In addition, you may not be covered as both an employee and a retiree.

Note: If both you and your registered domestic partner are an employee or retiree of a Participating Employer, only one of you may enroll each child as an eligible family member under any one benefit plan.

Who is not eligible for benefit coverage?

The same ineligible dependent rules that apply to married employees also apply to domestic partnerships. Under those rules, as applied to domestic partnerships, ineligible dependents include, but are not limited to:

- A divorced, legally separated, or non-legally state recognized common-law spouse, even if a court orders you to provide health care coverage
- A former domestic partner, or a domestic partner if your domestic partnership has not been formally registered with a valid registry
- Parents, stepparents, parents-in-law, grandparents and step-grandparents
- Former stepchildren or the stepchildren of a former registered domestic partner, unless they were born or adopted during the course of the registered domestic partnership or you have been appointed permanent legal guardian for them by a court
- Children age 19 through 25 who are eligible for coverage under an employer-sponsored health plan, such as through their own employer's plan or through their spouse or domestic partner's employer's plan (eligibility for coverage under another parent's group health plan does not count for this purpose). Unmarried children who are full-time students remain eligible for coverage whether or not they are offered other employer-sponsored coverage.
- Children age 26 and older, unless they have been approved for continued coverage under the Disabled Dependent provision for PG&E-sponsored medical plans
- Children who have entered the military (regardless of age or disability status)
- A spouse, common-law spouse, or domestic partner of your eligible child
- Children covered as dependents under the plan of another employee or retiree of a Participating Employer
- Grandchildren, nieces, nephews or other family members, unless you have legally adopted them or have been appointed permanent legal guardian for them by a court
- A family member who is a union-represented employee if you are a Management or A&T employee of a Participating Employer, or a family member who is a Management or A&T employee if you are a union-represented employee of a Participating Employer

NOTE: It is your responsibility to make sure that all the dependents you enroll for coverage are eligible.

What benefits can my domestic partner and his/her eligible dependent children receive?

Benefits available to your domestic partner and his/her eligible dependent children include, but may not be limited to the following:

[Medical, Dental and Vision Care Plans](#)

Your domestic partner and/or the dependent children of your domestic parent are eligible for medical, dental and vision coverage, provided they meet the eligibility criteria that govern the company's benefit plans **and** you are enrolled in these plans.

[Mental Health, Alcohol and Drug Care Coverage](#)

Your domestic partner and/or the eligible dependent children of your domestic partner are eligible for these programs on the same basis as the dependents of married employees. The specific benefits available will depend on the medical plan you are enrolled in. However, please keep in mind that there are tax consequences to enrolling your domestic partner and/or the eligible dependent children of your domestic partner.

[Leaves of Absence](#)

You are entitled to take the same types of family-related leaves of absence as a married employee. These include:

- Child-care leave to bond with a newborn or newly adopted child;
- Family care leave; and
- Bereavement leave.

[Employee Assistance Program \(EAP\)](#)

Your domestic partner and his or her children are eligible for this program. Please call (888) 445-4436 for more information on the services offered by the EAP Program.

Retirement Plan

When you retire, you may designate your domestic partner to be the “joint pensioner” for your retirement plan benefits. By doing so, you will be electing to have your own basic pension reduced during your lifetime so that, in the event you die first, your domestic partner will receive a pension for his or her remaining lifetime. However, this election cannot be made until you actually retire.

You can also designate your domestic partner to be the beneficiary to receive the survivor’s benefit you might be entitled to should you die as an active employee before retiring or as a former employee with a vested benefit in the event you were to die before beginning your pension. To be effective, that beneficiary designation must have been received by the company before your death.

Generally, if your domestic partnership is registered with the California Secretary and is so registered at the time of your death while an active employee, your domestic partner will be entitled to any survivor benefit to which he or she would have been entitled to if you were married at that time. However, if you designated a beneficiary other than your domestic partner for such a survivor’s benefit, your beneficiary and not your domestic partner will be entitled to that benefit.

For more information regarding contingent beneficiary designation please refer to the *Pacific Gas and Electric Company Retirement Plan Pre-Retirement Beneficiary Designation Form* at http://www/HR/docs/PlansPolicies/Benefit%20Plan%20Documents/SMMs/retirement_plan_beneficiary_form.pdf or contact the HR Service Center at company extension 8-223-2363, externally (415) 973-2363, toll-free at (800) 788-2363, or via email at HRBenefitsQuestions@pge.com.

Life Insurance

You may designate your domestic partner to be the beneficiary for your Pacific Gas and Electric Company life insurance policy. Please note that your domestic partner is *not* automatically assigned to your life insurance beneficiary when you notify the Company of your domestic partnership registration or when you enroll your partner in your PG&E health care plans. You must actively designate your domestic partner to be your life insurance beneficiary by completing and submitting a “Beneficiary Designation” form to MetLife. To obtain a “Beneficiary Designation” form, contact MetLife directly at (888) 878-8490.

If you are a non-union represented employee, you may change your level of life insurance coverage (for example, from 1x your base salary to 2x your base salary, etc.) during any Open Enrollment period or when you experience a mid-year change-in-status event which is related to your domestic partnership. For example, registering a domestic partnership is a change-in-status event which would justify such a change. Please keep in mind, however, that you may only increase your life insurance coverage amount by one level each year, unless you submit a Statement of Health to MetLife and MetLife approves your request for a higher level.

The Group Life Insurance Plan for union-represented employees has different rules and timelines for enrolling and applying for increases in life insurance coverage amounts. Please refer to the MetLife section or contact the HR Service Center for more information on the enrollment provisions that apply to union-represented employees.

[Retirement Savings Plan \(RSP\)](#)

You may designate your domestic partner as a beneficiary of your Retirement Savings Plan (RSP). Please note, however, that your registered domestic partner is *not* automatically designated your RSP beneficiary, as in the case of married employees, for whom federal law dictates that their spouse is automatically sole beneficiary (unless the spouse agrees in writing otherwise). To designate your domestic partner as your RSP beneficiary, you must actively do so by completing and submitting a “Designation of Beneficiary” form to Fidelity. You can update your RSP beneficiary by logging on to Fidelity’s NetBenefits Website at www.401k.com, or call the PG&E Corporation Retirement Savings Plan Service Center at (877) PGE-401k or (877-743-4015) to obtain the appropriate form.

[Adoption Expense Reimbursement Plan](#)

You and your domestic partner may be eligible for up to \$2,000 for adoption-related expense for each child you adopt, including through a surrogacy arrangement. For more information, please call the HR Service Center or go to the Work/Life Benefits section of the HR intranet at <http://www/HR/PlansPolicies/WorkLifeBenefits.html> .

[San Francisco Children’s Center](#)

Children of your domestic partner are eligible for enrollment in the day care program at PG&E’s Children’s Center on the same basis as other dependent child. For your child to be eligible for enrollment, you must work full-time in the San Francisco downtown area and have the appropriate authorization form on file. Because there are more applicants than spaces, selection is done by an annual lottery of applicants. To find out how to apply for enrollment in the Children’s Center, please call (415) 973-3517.

IMPORTANT: Expenses for benefits provided for your domestic partner and/or the child(ren) of your domestic partner are not eligible for reimbursement through the **Health Care Reimbursement Account** or the **Dependent Care Reimbursement Account**, unless your domestic partner/partner’s child(ren) qualify as tax dependents under IRS rules.

When may I enroll my domestic partner and/or the eligible dependent children of my domestic partner in my health care plans?

You may elect to enroll your domestic partner and/or the eligible dependent child(ren) of your domestic partner in your PG&E health care plans (*medical, dental and vision*) when you first register your partnership with a municipality or government agency. To enroll your domestic partner/partner's child(ren) for health care, you must call the HR Service Center at company extension 8-223-2363 or (415) 973-2363 or toll-free at (800) 788-2363 within 31 days of the date on which your domestic partnership declaration is notarized or the file date, whichever is later. Retirees should call toll-free (800) 700-0057. The effective date for coverage will be the first of the month following which the company receives notification. If you do not enroll you partner/partner's dependent child(ren) in your PG&E health care plans within 31 days of having your declaration notarized or filed, you may enroll them during any subsequent Open Enrollment period, with coverage effective January 1 of the following year. In addition, you may enroll them within 31 days of any subsequent change-in-status event you might happen to experience that would allow enrollment outside of the Open Enrollment period.

The company will need certain information to enroll your domestic partner or partner's child(ren). To provide this information you may call the HR Service Center, or email them at HRBenefitsQuestions@pge.com. If your domestic partner or partner's child(ren) qualify as tax dependents under IRS rules (*see box below for tax dependency requirements*), you should also complete **Certification of Tax Dependency** form (*See Appendix 1 on Page 18*) for the current calendar year since, by certifying they are tax dependents, you will be exempted from income tax liability/withholding on the imputed value of your domestic partner benefits.

To determine whether your domestic partner (and their dependent child(ren)) qualifies as your tax "dependent(s)" per the IRS regulations, all of the following criteria must be true. This person(s):

1. Must have the same principal residence as the taxpayer for the tax year.
2. Cannot provide more than 50% of his or her own support for the tax year
3. Must be a citizen or national of the United States unless he/she has applied to be a resident of the United States.

Change-in-Status Events

After your initial enrollment in PG&E's health care plans, you cannot make changes between Open Enrollment periods unless you have an eligible change-in-status event or you move out of your medical plan's service area.

The following is a list of eligible change-in-status events for all Pacific Gas and Electric Company and PG&E Corporation employees:

- Marriage or the establishment of a registered domestic partnership (for employees and retirees only)
- Dissolution of marriage (including final divorce or annulment), legal separation or termination of a registered domestic partnership (please note that you cannot enroll your ex-spouse or former registered domestic partner in your PG&E sponsored health care plan, even if a court orders you to provide coverage)
- The birth or adoption of a child, or your court-ordered appointment of legal guardianship for a child
- The death of your spouse, registered domestic partner or child
- Your child reaching the plan's age limit or entering the military
- You or your dependent becoming eligible for Medicare or Medicaid
- A change of caregivers or a change in the cost for the services of a caregiver who is not a relative (*for Dependent Care Reimbursement Account purposes only*)
- A move out of your HMO's service area (applies to change of medical plan only)
- A change in the employment of your spouse, registered domestic partner or dependent that results in a gain or loss of health care coverage
- A change to or from full-time or part-time employment by you, your spouse, registered domestic partner or dependents, if health plan eligibility is affected (this change-in-status event also is allowed for retirees, but only if they are already enrolled in a PG&E-sponsored health plan)
- The retirement of your PG&E active employee spouse or registered domestic partner if you are covered as his or her dependent
- An unpaid leave of absence taken by you, your spouse or registered domestic partner that significantly affects the cost of your health care coverage (this change-in-status event also is allowed for retirees who are already enrolled in a PG&E-sponsored health plan and whose spouse or registered domestic partner takes an unpaid leave of absence)

The tax treatment of benefits for domestic partners is not always the same as for married persons. If you marry your domestic partner, you must call the HR Service Center within 31 days to notify PG&E that: (1) you have terminated your domestic partnership by following the termination process of the registry, and (2) you and your domestic partner have married.

What are the tax consequences associated with domestic partner benefits?

Tax laws require that the value of the benefits provided to your domestic partner or your partner's eligible dependent child(ren) be "imputed" as income. This means that the company increases the amount of taxable income it reports to the IRS on your *Form W-2* by the actual cost of the coverage provided for your domestic partner and/or partner's child(ren). It is important to be aware that the amount of **imputed income can be substantial** and will vary depending on the plan(s) selected and the number of dependents covered.

However, if your domestic partner and/or child(ren) of your domestic partner qualify as tax dependents, as defined by the IRS Code Section 152, health care coverage will not be subject to imputed income tax liability or withholding. To qualify for the exemption, you must verify your partner's and/or partner's child(ren)'s tax dependency by completing and submitting a *Certification of Tax Dependency for Domestic Partnerships* form to PG&E by contact the HR Service Center or by accessing the for online on the HR intranet at [Understanding Your Benefits > Life Changes > Domestic Partnership > Tax Consequences](#) .

Please note that the continuing status of tax dependency for your partner and/or partner's children must be re-certified annually prior to the start of each new calendar year.

Also, if you are in a same-sex partnership **OR** if you and your partner of the opposite sex is 62 or older **AND** your partnership is registered with the California Secretary of State, the value of domestic partner benefits will be exempted from California imputed income tax liability and withholding. To qualify for the State exemption, you must submit to the Company a copy of your declaration showing the Secretary of State's stamp and file number. Federal income taxes are not affected and will still be withheld, unless your partner/ partner's child(ren) qualify for the federal exemption explained above.

You may call the HR Service Center or go to the HR intranet at [Understanding Your Benefits > Life Changes > Domestic Partnership > Tax Consequences](#) for more information on imputed income tax liability for domestic partner benefits.

The following examples show the amount of imputed income (*using 2012 costs*) that would be reported to the IRS for a union-represented employee & a non-union employee that covers a domestic partner a dependent on his or her health care plans. Additional taxes are withheld based on the amount of imputed income calculated on a monthly basis.

**Imputed Income on Domestic Partner Health Care Benefits
for a Full-Time Union-Represented Employee**

	<u>Monthly Imputed Income</u>
NAP Plan	\$704.70
Dental	\$64.02
Vision	\$8.18
Total Monthly Imputed Income	\$776.90

Total Annual Imputed Income (\$776.90 x 12)	\$9,322.80

**Imputed Income on Domestic Partner Health Care Benefits
for a Full-Time Management or Administrative/Technical Employee**

	<u>Monthly Imputed Income</u>
NAP Plan	\$763.06
Dental	\$71.38
Vision	\$8.18
Total Monthly Imputed Income	\$842.62

Total Annual Imputed Income (\$842.62 x 12)	\$10,111.44

It is a good idea to check with both a tax professional and an insurance agent to determine whether the company's health insurance for domestic partners is the best option for you. Before enrolling your partner/partner's children in the PG&E plans, you should calculate the net employee contribution required to add them to your plan(s), plus the imputed income tax you will need to pay, if applicable. Compare that to the cost of comparable outside insurance plans (which may take into consideration factors such as age of your partner/partner's children pre-existing health conditions). You may also visit www.paycheckcity.com, and use the matrixes that begin on page 19 for your employee group to simulate what your paycheck may look like including the imputed income.

What happens if my domestic partnership ends?

Your domestic partnership ends when your partnership no longer meets **all** of the criteria governing the initial registration of your relationship. For example, if you and your partner stop living together, or if one of you marries or dies, your domestic partnership would no longer be valid.

Nevertheless, you must formally terminate your partnership by following the provisions set forth by the city/county/state entity with which you are registered. In addition, you'll need to contact the HR Service Center at company extension 8-223-2363, (415) 973-2363 or toll-free (800) 788-2363 within 31 days to notify PG&E of your partnership terminating. Retirees should call toll-free (800) 700-0057.

After your partnership ends, you may no longer carry your former domestic partner on your health care plans. Children of your domestic partner must also be dropped from coverage within 31 days, unless you have adopted them or have been court-appointed permanent legal guardianship for them.

Failure to notify the company in a timely manner that your domestic partnership no longer meets the governing criteria could result in penalties to you for carrying ineligible dependents (see box below).

If you terminate your partnership and later reinstate your domestic partnership with the same person, you must wait six (6) months from the termination date to enroll your partner/partner's children for PG&E health care benefits.

There are penalties for covering ineligible dependents. You must notify the Benefits Service Center within 31 days if your domestic partnership no longer meets the governing criteria. Effective July 1, 2007, PG&E requires up to two years' restitution for the insured or HMO premiums for self-insured premium equivalents attributable to coverage of ineligible dependents on company health care plans.

If you fail to repay the company, your balance owed will be referred to a collection agency. Contact the HR Service Center by calling company extension 8-223-2363, (415) 973-2363 or toll-free (800) 788-2363. Retirees should call toll-free (800)700-0057.

What health benefits will my surviving partner be entitled to if I die?

(See page 3 of 2012 Legal Supplement)

In the event of your death, your enrolled surviving domestic partner and his/her enrolled eligible child(ren) may continue their coverage in your PG&E-sponsored medical plan by paying the full premium. PG&E-sponsored medical coverage may be continued for your surviving domestic partner and/or his or her eligible children until:

- They enroll in another group health care, hospital, surgical or medical plan.
- They fail to make the required monthly premium payments.
- They marry or enter into another domestic partnership.
- His or her child no longer qualifies as an eligible dependent.

If you are an active employee at the time of your death, your covered domestic partner dependents' dental and vision care coverage will cease at the end of the month in which your death occurs, unless they elect to continue such coverage under COBRA.

Continuation Benefits under COBRA

Although domestic partners are not covered under federal COBRA legislation, the company offers the same continuation rights and obligations to your domestic partner and their covered dependents as COBRA qualified beneficiaries.

When your domestic partnership ends, the effective date of the COBRA "qualifying event" is the date your partnership ceases to meet all the criteria governing the initial registration of your relationship. If you fail to notify the company within 31 days of the termination of your partnership, COBRA continuation coverage for your former partner and his or her child(ren) will be denied.

FAQ's & Other questions about domestic partner benefits

Q. Is there a difference in domestic partnership requirements and benefits for company employees who live and work outside of California?

A. No, the provisions and benefits of PG&E domestic partner coverage is the same, regardless of where an employee lives or works.

Q. Is there any difference in the cost of benefits for a domestic partner as compared to a spouse?

A. No, the cost to cover a domestic partner is the same as the cost to cover a spouse. However, due to IRS regulations, there may be some tax consequences involved when covering a domestic partner on your health care plans.

Q. What happens if I get married?

A. Whether you marry your current registered domestic partner or someone else, you must officially terminate your domestic partnership by following the provisions set forth by the municipality or state where your partnership is registered. You must contact the HR Service Center at company extension 8-223-2363, (415) 973-2363 or toll-free (800) 788-2363 within 31 days of your marriage. Retirees should call toll-free (800) 700-0057.

Q. Can I be reimbursed for my domestic partner's unpaid medical expenses or dependent care expenses for his/her child through a Health Care Reimbursement Account (HCRA) or a Dependent Care Reimbursement Account (DCRA)?

A. No. You may not be reimbursed for your domestic partner's health care or dependent care expenses through either a HCRA or a DCRA, *unless* your domestic partner and/or the children of your domestic partner qualify as your tax dependent(s) under the IRS rules.

Q. What taxes am I being exempted from when I complete the 'Certification of Tax Dependency Form'?

A. All employees that submit the annual 'Certification of Tax Dependency' are currently exempted from both California State imputed taxes and Federal imputed taxes on their paycheck. Employees from this population that are registered with municipalities (and not with the California Secretary of State), due to a SAP system limitation, are treated as exempted from CA state imputed taxes even though they should only receive the federal exemption and not the California exemption. If you are not registered with the California Secretary of State, you must work with your tax professional to impute these taxes on your state tax return.

Q. What happens if my domestic partner (and my domestic partner's children) loses (lose) their tax dependency status by not residing in the same principal residence or they are able to provide more than 50% of their support for the tax year?

A. You must notify the HR Service Center at company extension 8-223-2363, (415) 973-2363 or toll-free (800) 788-2363 within 31 days of this change. Retirees should call toll-free (800) 700-0057. If you fail to notify us to remove the exemption with 31 days, you may incur restitution for the exempted taxes that you did not pay.

Q. What if I fail to turn in the 'Certification of Tax Dependency' form prior to the end of the year for the new tax year?

A. Your exemption status will begin on the 1st of the following month after receipt of the form. You can work with your tax professional to receive the imputed taxes as deduction on your tax return for the months where you were eligible for the exemption, but your PG&E payroll did not reflect your imputed income exemption.

Q. What is imputed income?

A. Imputed income is taxable income that is added to the gross amount for purposes of calculating tax withholdings.

Q. Where can I find a list of all of the imputed income amounts for my particular elections for benefits?

A. The listing of all imputed tax amounts are on the PG&E HR Intranet Site in the [Understanding Your Benefits > Life Changes > Domestic Partnership > Tax Consequences](#) section, or at the end of this guide in Appendix 2-7.

Q. How can I figure what my net pay will look like?

A. Net pay will vary depending on many factors, including withholding elections, amount and type of pretax and after-tax deductions and amount of overtime. You may check ouBook2.xlst www.paycheckcity.com to do your own calculations.

Q. How will the total unsubstantiated claim dollar amount appear in my paycheck and on my 2011 W-2?

A. For active employees: It will state *Domestic Partner Imp* on your paycheck. It will be added to the amounts in Boxes 1, 3, 5, and 16.

Q. I am no longer a PG&E employee. How will it appear the total unsubstantiated claim dollar amount appear on my W-2?

A. The amount added to your income will be slightly higher than the claim amount because it will also include the amount of taxes that PG&E had to pay on your behalf.

California Municipalities with Domestic Partner Registrations

The following information is provided as a summary for your convenience. You should consult with the specific municipalities for their actual requirements. This summary summarizes information available as of November 2011.

San Francisco City and County (www.sfgov.org)

- To register with the City: No residency requirement
- \$47 to file declaration
- Both partners must be present to file
- Must present picture ID at office when filing
- Must complete the Domestic Partner Declaration form (downloadable from website shown above) and have both partners' signatures on the declaration notarized
- To terminate registration with the City: Must file a termination form if partnership ends (downloadable from website shown above)
- Termination form must be notarized and a copy given to the notary or the person who witnessed the declaration
- Must wait 6 months after termination to re-register with another domestic partner

City of West Hollywood (www.weho.org)

- No residency requirement
- \$25 to file declaration, plus notary charge
- Can mail in notarized declaration
- \$18 to process terminations, plus notary charge
- Must wait 6 months after termination to re-register with another domestic partner

Marin County (www.co.marin.ca.us)

- Must live or work in Marin County
- \$20 to file declaration, plus notary charge
- Can mail in notarized declaration to the County
- No fee to process termination form
- Must wait 6 months after termination to re-register with another domestic partner

Los Angeles County (http://www.lavote.net/CLERK/Domestic_Partnership.cfm)

- Must live or work in the County of Los Angeles
- \$20 to file declaration, plus notary charge
- Must file notarized declaration by mail
- \$13 to amend partnership, plus notary charge
- \$15 to process terminations, plus notary charge
- Must wait 6 months after termination to re-register with another domestic partner

City of Berkeley (www.ci.berkeley.ca.us)

- No residency requirement
- \$30 to file declaration, plus notary charge
- One partner must file the declaration in person
- \$5-\$15 to process terminations
- Must wait 6 months after termination to re-register with another domestic partner

City of Laguna Beach (www.lagunabeachcity.net)

- No residency requirement
- \$25 to file, plus notary charge
- Both partners must be present to file
- Must present picture ID at office when filing
- No cost to process termination form
- Must wait 6 months after termination to re-register with another domestic partner

City of Petaluma (www.cityofpetaluma.net)

- Must live or work in Petaluma
- \$65 to file declaration
- One partner must file the declaration in person
- No cost to process termination form
- Must wait 6 months after termination to re-register with another domestic partner

City of Santa Monica (www.santa-monica.org)

- No residency requirement
- \$15 to file declaration
- Both partners must be present to file
- Must present picture ID at office when filing
- \$7 to process terminations
- Must wait 6 months after termination to re-register with another domestic partner

City of Oakland (www.oaklandnet.com)

- Must live or work in Oakland
- \$40 to file declaration, plus notary charge
- Can mail in notarized declaration to Oakland
- \$10-\$15 to process terminations
- Must wait 6 months after termination to re-register with another domestic partner

California State Domestic Partner Registry

The following information is provided as a summary for your convenience. You should consult with the California Secretary of State office for its actual requirements. This summary summarizes information available as of November 2011.

California Secretary of State (www.ss.ca.gov)

- Must live in California
- Must be of the same sex or, if opposite sex, one partner must be at least age 62
- \$10 or \$33 to file declaration by mail, plus notary charge
- \$25 or \$55 to file declaration in person, plus notary charge
- Secretary of State offices located in the following cities:
 - Los Angeles
 - Sacramento



Appendix 1

**CERTIFICATION OF TAX DEPENDENCY FOR DOMESTIC PARTNERSHIP BENEFITS
Tax Year 2012**

In order for the benefits you've elected for the dependent(s) of your domestic partnership to be exempt from imputed income, your enrolled dependent must qualify as a "dependent" per IRS tax laws (whether or not you actually claim them on your income tax returns). Each year in November, you will need to certify whether your domestic partnership dependent(s) will qualify as IRS tax dependent(s) for the new tax year. If the certification is not received before the beginning of the new year, the value of the employer-provided benefits will be subject to imputed income. If you are enrolling your domestic partner's dependent(s) mid-year on your health benefits, you must also complete this form at the time of enrollment in order for the benefits to be exempted from imputed income for the remainder of the current year.

To determine whether the enrolled dependent(s) of your domestic partnership qualify for "dependent" status per the IRS regulations (*IRS Code section 152, as amended by Code section 105(b)*), all of the following criteria must be met. This person:

1. Must have the same principal residence as the taxpayer for the tax year.
2. Cannot provide more than 50% of his or her own support for the tax year.
3. Must be a citizen or national of the United States unless he/she has applied to be a resident of the United States.

For California state imputed tax exemption, all of the following statements **must** be true in addition to the IRS dependency regulations:

1. Must live in California.
2. Must be registered by the California Secretary of State in either Sacramento or Los Angeles.
3. If both parties are under age 62, you must be in a same-sex domestic partnership.
4. If one or both parties are over age 62, you may be in either a same-sex or opposite sex domestic partnership.

In addition, if the dependent is a "qualifying child," as defined by the "Patient Protection and Affordable Care Act (PPACA) of 2010," the child must satisfy all of the above tests, as well as the following. The child:

1. Must be under age 26 or certified as disabled and approved for continued coverage by PG&E.
2. Cannot be a "qualifying child" of another taxpayer. (Your domestic partner's child is not your dependent if he or she is your domestic partner's "qualifying child.")

I, the undersigned, do declare that the following dependent(s) of my registered domestic partnership covered under my health care plans with Pacific Gas and Electric Company qualify for dependent status per the IRS tax rules for the current tax year. In addition, I understand that if for any reason my dependent(s) lose their dependent status. I must notify PG&E within **31 days** of this event to avoid restitution for the exempted taxes.

Name	Date of Birth	Social Security Number

I declare that the statement herein is true and correct.

Executed on _____, at _____, _____, _____.
Date City State Zip code

Signature - Employee/Retiree

Print Name

Employee/Retiree Personnel Number

Address

Employee/Retiree Social Security Number

City State Zip Code

(Area Code) Telephone Number

**Mail completed form to: Domestic Partner Taxes, Attn: Melanie Gager, 1850 Gateway Blvd., 7th Floor, Concord, CA 94520
Or fax to: (925) 459-7331**

2012 Imputed Income for Domestic Partner Benefits of Bargained Employees

When you cover yourself and your domestic partner and/or their eligible child(ren) under any medical plan, monthly imputed income may be reported to the IRS (see below). [**Example:** *If you select the Kaiser medical plan, dental and vision coverage for yourself, your domestic partner and his or her children, the imputed income is \$1,192.04 per month (Kaiser = \$1,067.32; Dental = \$110.58; Vision = \$14.14 or an annual total of \$14,304.48).*]

If you cover your own eligible children **and** the child(ren) of your domestic partner, imputed income is not reported for them. Also, if your domestic partner and/or domestic partner's child(ren) qualify as dependents per IRS tax laws, imputed income will not be reported **only** if a Certification of Tax Dependency is submitted to the Benefits Department.

BENEFIT PLAN	Imputed Income
Anthem: NAP/CAP	
Domestic Partner (DP)	\$704.70
DP Child(ren)	\$512.51
DP + DP Child(ren)	\$1,217.19
Anthem: Health Savings Account Plan	
Domestic Partner (DP)	\$704.70
DP Child(ren)	\$512.51
DP + DP Child(ren)	\$1,217.19
Blue Shield HMO	
Domestic Partner (DP)	\$659.70
DP Child(ren)	\$479.78
DP + DP Child(ren)	\$1,139.47
Health Net	
Domestic Partner (DP)	\$726.27
DP Child(ren)	\$528.18
DP + DP Child(ren)	\$1,254.46
Kaiser – North and South	
Domestic Partner (DP)	\$617.93
DP Child(ren)	\$449.40
DP + DP Child(ren)	\$1,067.32
Dental	
Domestic Partner (DP)	\$64.02
DP Child(ren)	\$46.56
DP + DP Child(ren)	\$110.58
Vision	
Domestic Partner (DP)	\$8.18
DP Child(ren)	\$5.95
DP + DP Child(ren)	\$14.14

**2012 Imputed Income for Domestic Partner Benefits of
Non-Bargained Employees**

When you cover yourself and your domestic partner and/or their eligible child(ren) under any medical plan, monthly imputed income may be reported to the IRS (see below). [**Example:** *If you select the Kaiser medical plan, dental and vision coverage for yourself, your domestic partner and his or her children, the imputed income is \$1,192.04 per month (Kaiser = \$1,067.32; Dental = \$110.58; Vision = \$14.14 or an annual total of \$14,304.48).*]

If you cover your own eligible children **and** the child(ren) of your domestic partner, imputed income is not reported for them. Also, if your domestic partner and/or domestic partner's child(ren) qualify as dependents per IRS tax laws, imputed income will not be reported **only** if a Certification of Tax Dependency is submitted to the Benefits Department.

BENEFIT PLAN	Imputed Income
Anthem: Basic Plan	
Domestic Partner (DP)	\$282.93
DP Child(ren)	\$200.78
DP + DP Child(ren)	\$483.71
Anthem: Health Savings Account Plan	
Domestic Partner (DP)	\$770.69
DP Child(ren)	\$555.46
DP + DP Child(ren)	\$1,326.17
Anthem: NAP/CAP	
Domestic Partner (DP)	\$763.06
DP Child(ren)	\$549.96
DP + DP Child(ren)	\$1,313.04
Blue Shield HMO	
Domestic Partner (DP)	\$614.79
DP Child(ren)	\$442.14
DP + DP Child(ren)	\$1,056.91
Health Net	
Domestic Partner (DP)	\$760.89
DP Child(ren)	\$548.38
DP + DP Child(ren)	\$1,309.29
Kaiser – North and South	
Domestic Partner (DP)	\$618.94
DP Child(ren)	\$445.15
DP + DP Child(ren)	\$1,064.09
Dental	
Domestic Partner (DP)	\$71.38
DP Child(ren)	\$51.91
DP + DP Child(ren)	\$123.29
Vision	
Domestic Partner (DP)	\$8.18
DP Child(ren)	\$5.95
DP + DP Child(ren)	\$14.14

2012 Imputed Income for Domestic Partner Benefits of LTD Employees with Medicare

When you cover yourself and your domestic partner and/or their eligible child(ren) under any medical plan, monthly imputed income may be reported to the IRS (see below). [**Example:** If you select the Kaiser medical plan, dental and vision coverage for yourself, your domestic partner and his or her children, the imputed income is \$1,540.20 per month (Blue Shield = \$1,402.77; Dental = \$123.29; Vision = \$14.14 or an annual total of \$18,482.40).

If you cover your own eligible children **and** the child(ren) of your domestic partner, imputed income is not reported for them. Also, if your domestic partner and/or domestic partner's child(ren) qualify as dependents per IRS tax laws, imputed income will not be reported **only** if a Certification of Tax Dependency is submitted to the Benefits Department.

BENEFIT PLAN	Imputed Income
Anthem: CAP	
DP Only w/o Medicare	\$756.73
DP Only w/ Medicare	\$494.96*
DP Child(ren) Only w/o Medicare	\$550.35
DP Child(ren) Only w/ Medicare	\$494.96*
DP + DP Children w/o Medicare	\$1,307.07
DP w/ Medicare + DP Children w/o Medicare	\$1,045.31*
DP w/o Medicare + DP Children w/ Medicare	\$1,251.69*
DP w/ Medicare + DP Children w/ Medicare	\$989.92*
Anthem: Basic	
DP Only w/o Medicare	\$282.93
DP Only w/ Medicare	\$231.47*
DP Child(ren) Only w/o Medicare	\$200.78
DP Child(ren) Only w/ Medicare	\$231.47*
DP + DP Children w/o Medicare	\$483.71
DP w/ Medicare + DP Children w/o Medicare	\$432.25*
DP w/o Medicare + DP Children w/ Medicare	\$514.40*
DP w/ Medicare + DP Children w/ Medicare	\$462.94*
Blue Shield	
DP Only w/o Medicare	\$922.98
DP Only w/ Medicare	\$759.07*
DP Child(ren) Only w/o Medicare	\$479.78
DP Child(ren) Only w/ Medicare	\$759.07*
DP + DP Children w/o Medicare	\$1,402.77
DP w/ Medicare + DP Children w/o Medicare	\$1,238.85*
DP w/o Medicare + DP Children w/ Medicare	\$1,682.06*
DP w/ Medicare + DP Children w/ Medicare	\$1,518.14*

*Includes \$96.40 Medicare Credit (\$15 if over age 65) for each dependent also enrolled with Medicare Part B (if applicable).

2012 Imputed Income for Domestic Partner Benefits of LTD Employee with Medicare (Continued)

BENEFIT PLAN	Imputed Income
Health Net: Medicare COB	
DP Only w/o Medicare	\$1,240.07
DP Only w/ Medicare	\$568.97*
DP Child(ren) Only w/o Medicare	\$528.18
DP Child(ren) Only w/ Medicare	\$568.97*
DP + DP Children w/o Medicare	\$1,768.25
DP w/ Medicare + DP Children w/o Medicare	\$1,097.16*
DP w/o Medicare + DP Children w/ Medicare	\$1,809.04*
DP w/ Medicare + DP Children w/ Medicare	\$1,137.94*
Health Net: Seniority Plus	
DP Only w/o Medicare	\$1,240.07
DP Only w/ Medicare	\$490.48*
DP Child(ren) Only w/o Medicare	\$528.18
DP Child(ren) Only w/ Medicare	\$490.48*
DP + DP Children w/o Medicare	\$1,768.25
DP w/ Medicare + DP Children w/o Medicare	\$1,018.66*
DP w/o Medicare + DP Children w/ Medicare	\$1,730.55*
DP w/ Medicare + DP Children w/ Medicare	\$980.96*
Kaiser – North and South	
DP Only w/o Medicare	\$759.43
DP Only w/ Medicare	\$400.98*
DP Child(ren) Only w/o Medicare	\$449.40
DP Child(ren) Only w/ Medicare	\$400.98*
DP + DP Children w/o Medicare	\$1,208.83
DP w/ Medicare + DP Children w/o Medicare	\$850.38*
DP w/o Medicare + DP Children w/ Medicare	\$1,160.41*
DP w/ Medicare + DP Children w/ Medicare	\$801.96*
Dental Bargained	
DP Only	\$71.38
DP Child(ren) Only	\$51.91
DP + DP Children	\$123.29
Dental Non-bargained	
DP Only	\$71.38
DP Child(ren) Only	\$51.91
DP + DP Children	\$123.29
Vision	
DP Only	\$8.18
DP Child(ren) Only	\$5.95
DP + DP Children	\$14.14

*Includes \$95.40 Medicare Credit (\$15 if over age 65) for each dependent also enrolled with Medicare Part B (if applicable).

2012 Imputed Income for Domestic Partner Benefits of LTD Employee without Medicare

When you cover yourself and your domestic partner and/or their eligible child(ren) under any medical plan, monthly imputed income may be reported to the IRS (see below). [**Example:** *If you select the Kaiser medical plan, dental and vision coverage for yourself, your domestic partner and his or her children, the imputed income is \$1,276.90 per month (Blue Shield = \$1,139.47; Dental = \$123.29; Vision = \$14.14 or an annual total of \$15,322.80).*]

If you cover your own eligible children **and** the child(ren) of your domestic partner, imputed income is not reported for them. Also, if your domestic partner and/or domestic partner's child(ren) qualify as dependents per IRS tax laws, imputed income will not be reported **only** if a Certification of Tax Dependency is submitted to the Benefits Department.

BENEFIT PLAN	Imputed Income
Anthem: Basic Plan	
DP Only w/o Medicare	\$262.93
DP Only w/ Medicare	\$231.47*
DP Child(ren) Only w/o Medicare	\$200.78
DP Child(ren) Only w/ Medicare	\$231.47*
DP + DP Children w/o Medicare	\$483.71
DP w/ Medicare + DP Children w/o Medicare	\$432.25*
DP w/o Medicare + DP Children w/ Medicare	\$514.40*
DP w/ Medicare + DP Children w/ Medicare	\$462.94*
Anthem: NAPICAP	
DP Only w/o Medicare	\$704.70
DP Only w/ Medicare	\$494.96*
DP Child(ren) Only w/o Medicare	\$512.51
DP Child(ren) Only w/ Medicare	\$494.96*
DP + DP Children w/o Medicare	\$1,217.19
DP w/ Medicare + DP Children w/o Medicare	\$1,007.47*
DP w/o Medicare + DP Children w/ Medicare	\$1,199.66*
DP w/ Medicare + DP Children w/ Medicare	\$969.92*
Anthem: Health Savings Account Plan	
DP Only w/o Medicare	\$704.70
DP Only w/ Medicare	\$494.96*
DP Child(ren) Only w/o Medicare	\$512.51
DP Child(ren) Only w/ Medicare	\$494.96*
DP + DP Children w/o Medicare	\$1,217.19
DP w/ Medicare + DP Children w/o Medicare	\$1,007.47*
DP w/o Medicare + DP Children w/ Medicare	\$1,199.66*
DP w/ Medicare + DP Children w/ Medicare	\$969.92*
Blue Shield	
DP Only w/o Medicare	\$659.70
DP Only w/ Medicare	\$759.07*
DP Child(ren) Only w/o Medicare	\$479.78
DP Child(ren) Only w/ Medicare	\$759.07*
DP + DP Children w/o Medicare	\$1,139.47
DP w/ Medicare + DP Children w/o Medicare	\$1,238.85*
DP w/o Medicare + DP Children w/ Medicare	\$1,418.77*
DP w/ Medicare + DP Children w/ Medicare	\$1,518.14*

*Includes \$96.40 Medicare Credit (\$15 if over age 65) for each dependent also enrolled with Medicare Part B (if applicable).

2012 Imputed Income for Domestic Partner Benefits of LTD Employee without Medicare (Continued)

BENEFIT PLAN	Imputed Income
Health Net: Medicare COB	
DP Only w/o Medicare	\$726.27
DP Only w/ Medicare	\$568.97*
DP Child(ren) Only w/o Medicare	\$528.18
DP Child(ren) Only w/ Medicare	\$568.97*
DP + DP Children w/o Medicare	\$1,254.46
DP w/ Medicare + DP Children w/o Medicare	\$1,097.15*
DP w/o Medicare + DP Children w/ Medicare	\$1,295.24*
DP w/ Medicare + DP Children w/ Medicare	\$1,137.94*
Health Net: Seniority Plus	
DP Only w/o Medicare	\$726.27
DP Only w/ Medicare	\$490.48*
DP Child(ren) Only w/o Medicare	\$528.18
DP Child(ren) Only w/ Medicare	\$490.48*
DP + DP Children w/o Medicare	\$1,254.46
DP w/ Medicare + DP Children w/o Medicare	\$1,018.66*
DP w/o Medicare + DP Children w/ Medicare	\$1,216.75*
DP w/ Medicare + DP Children w/ Medicare	\$980.96*
Kaiser – North and South	
DP Only w/o Medicare	\$617.93
DP Only w/ Medicare	\$400.98*
DP Child(ren) Only w/o Medicare	\$449.40
DP Child(ren) Only w/ Medicare	\$400.98*
DP + DP Children w/o Medicare	\$1,067.32
DP w/ Medicare + DP Children w/o Medicare	\$850.38*
DP w/o Medicare + DP Children w/ Medicare	\$1,018.91*
DP w/ Medicare + DP Children w/ Medicare	\$801.96*
Dental Bargained	
DP Only	\$71.38
DP Child(ren) Only	\$51.91
DP + DP Children	\$123.29
Dental Non-bargained	
DP Only	\$71.38
DP Child(ren) Only	\$51.91
DP + DP Children	\$123.29
Vision	
DP Only	\$8.18
DP Child(ren) Only	\$5.95
DP + DP Children	\$14.14

*Includes \$96.40 Medicare Credit (\$15 if over age 65) for each dependent also enrolled with Medicare Part B (if applicable).

2012 Imputed Income for Domestic Partner Benefits of Pensioners with Medicare

When you cover yourself and your domestic partner and/or their eligible child(ren) under any medical plan, monthly imputed income may be reported to the IRS (see below). [**Example:** *If you select the Kaiser medical plan, dental and vision coverage for yourself, your domestic partner and his or her children, the imputed income is \$870.36 per month, for an annual total of \$10,444.32.*]

If you cover your own eligible children **and** the child(ren) of your domestic partner, imputed income is not reported for them. Also, if your domestic partner and/or domestic partner's child(ren) qualify as dependents per IRS tax laws, imputed income will not be reported **only** if a Certification of Tax Dependency is submitted to the Benefits Department.

BENEFIT PLAN	Imputed Income
Anthem: CAP	
DP Only w/o Medicare	\$767.25
DP Only w/ Medicare (< 65)	\$201.20*
DP Only w/ Medicare (> 65)	\$119.80*
DP Child(ren) Only w/o Medicare	\$357.73
DP Child(ren) Only w/ Medicare	\$201.20*
DP + DP Children w/o Medicare	\$1,124.98
DP w/o Medicare + DP Children w/ Medicare	\$968.45*
DP w/ Medicare (< 65) + DP Children w/o Medicare	\$558.93*
DP w/ Medicare (> 65) + DP Children w/o Medicare	\$477.53*
DP w/ Medicare (< 65) + DP Children w/ Medicare	\$402.40*
DP w/ Medicare (> 65) + DP Children w/ Medicare	\$321.00*
Anthem: Retiree Option Plan	
DP Only w/o Medicare	\$352.66
DP Only w/ Medicare (< 65)	\$201.20*
DP Only w/ Medicare (> 65)	\$119.80*
DP Child(ren) Only w/o Medicare	\$253.87
DP Child(ren) Only w/ Medicare	\$201.20*
DP + DP Children w/o Medicare	\$606.54
DP w/o Medicare + DP Children w/ Medicare	\$553.86*
DP w/ Medicare (< 65) + DP Children w/o Medicare	\$455.07*
DP w/ Medicare (> 65) + DP Children w/o Medicare	\$373.67*
DP w/ Medicare (< 65) + DP Children w/ Medicare	\$402.40*
DP w/ Medicare (> 65) + DP Children w/ Medicare	\$321.00*
Anthem: MSP	
DP Only w/o Medicare	\$767.25
DP Only w/ Medicare (< 65)	\$201.20*
DP Only w/ Medicare (> 65)	\$119.80*
DP Child(ren) Only w/o Medicare	\$357.73
DP Child(ren) Only w/ Medicare	\$201.20*
DP + DP Children w/o Medicare	\$1,124.98
DP w/o Medicare + DP Children w/ Medicare	\$968.45*
DP w/ Medicare (< 65) + DP Children w/o Medicare	\$558.93*
DP w/ Medicare (> 65) + DP Children w/o Medicare	\$477.53*
DP w/ Medicare (< 65) + DP Children w/ Medicare	\$402.40*
DP w/ Medicare (> 65) + DP Children w/ Medicare	\$321.00*
Blue Shield	
DP Only w/o Medicare	\$664.55
DP Only w/ Medicare (< 65)	\$201.20*
DP Only w/ Medicare (> 65)	\$119.80*
DP Child(ren) Only w/o Medicare	\$345.44
DP Child(ren) Only w/ Medicare	\$201.20*
DP + DP Children w/o Medicare	\$1,009.99
DP w/o Medicare + DP Children w/ Medicare	\$865.75*
DP w/ Medicare (< 65) + DP Children w/o Medicare	\$546.64*
DP w/ Medicare (> 65) + DP Children w/o Medicare	\$465.24*
DP w/ Medicare (< 65) + DP Children w/ Medicare	\$402.40*
DP w/ Medicare (> 65) + DP Children w/ Medicare	\$321.00*

*Includes \$96.40 Medicare Credit (\$15 if over age 65) for each dependent also enrolled with Medicare Part B (if applicable).

2012 Imputed Income for Domestic Partner Benefits of Pensioners with Medicare (Continued)

BENEFIT PLAN	Imputed Income
Health Net: Medicare COB	
DP Only w/o Medicare	\$767.25
DP Only w/ Medicare (< 65)	\$201.20*
DP Only w/ Medicare (> 65)	\$119.80*
DP Child(ren) Only w/o Medicare	\$357.73
DP Child(ren) Only w/ Medicare	\$201.20*
DP + DP Children w/o Medicare	\$1,124.98
DP w/o Medicare + DP Children w/ Medicare	\$968.45*
DP w/ Medicare (< 65) + DP Children w/o Medicare	\$558.93*
DP w/ Medicare (> 65) + DP Children w/o Medicare	\$477.53*
DP w/ Medicare (< 65) + DP Children w/ Medicare	\$402.40*
DP w/ Medicare (> 65) + DP Children w/ Medicare	\$321.00*
Health Net: Seniority Plus	
DP Only w/o Medicare	\$767.25
DP Only w/ Medicare	\$201.20*
DP Only w/ Medicare	\$119.80*
DP Child(ren) Only w/o Medicare	\$357.73
DP Child(ren) Only w/ Medicare	\$201.20*
DP + DP Children w/o Medicare	\$1,124.98
DP w/o Medicare + DP Children w/ Medicare	\$968.45*
DP w/ Medicare + DP Children w/o Medicare	\$558.93*
DP w/ Medicare + DP Children w/ Medicare	\$477.53*
DP w/ Medicare + DP Children w/o Medicare	\$402.40*
DP w/ Medicare + DP Children w/ Medicare	\$321.00*
Kaiser – North and South	
DP Only w/o Medicare	\$546.79
DP Only w/ Medicare	\$201.20*
DP Only w/ Medicare	\$119.80*
DP Child(ren) Only w/o Medicare	\$323.57
DP Child(ren) Only w/ Medicare	\$201.20*
DP + DP Children w/o Medicare	\$870.36
DP w/o Medicare + DP Children w/ Medicare	\$747.99*
DP w/ Medicare + DP Children w/o Medicare	\$524.77*
DP w/ Medicare + DP Children w/ Medicare	\$443.37*
DP w/ Medicare + DP Children w/o Medicare	\$402.40*
DP w/ Medicare + DP Children w/ Medicare	\$321.00*

*Includes \$95.40 Medicare Credit (\$15 if over age 65) for each dependent also enrolled with Medicare Part B (if applicable).

2012 Imputed Income for Domestic Partner Benefits of Pensioners without Medicare

When you cover yourself and your domestic partner and/or their eligible child(ren) under any medical plan, monthly imputed income may be reported to the IRS (see below). [**Example:** *If you select the Kaiser medical plan, dental and vision coverage for yourself, your domestic partner and his or her children, the imputed income is \$870.36 per month, for an annual total of \$10,444.32).*

If you cover your own eligible children **and** the child(ren) of your domestic partner, imputed income is not reported for them. Also, if your domestic partner and/or domestic partner's child(ren) qualify as dependents per IRS tax laws, imputed income will not be reported **only** if a Certification of Tax Dependency is submitted to the Benefits Department.

BENEFIT PLAN	Imputed Income
Anthem: NAP/CAP	
DP Only w/o Medicare	\$767.25
DP Only w/ Medicare (< 65)	\$201.20*
DP Only w/ Medicare (> 65)	\$119.80*
DP Child(ren) Only w/o Medicare	\$357.73
DP Child(ren) Only w/ Medicare	\$201.20*
DP + DP Children w/o Medicare	\$1,124.98
DP w/o Medicare + DP Children w/ Medicare	\$968.45*
DP w/ Medicare (< 65) + DP Children w/o Medicare	\$558.93*
DP w/ Medicare (> 65) + DP Children w/o Medicare	\$477.53*
DP w/ Medicare (< 65) + DP Children w/ Medicare	\$402.40*
DP w/ Medicare (> 65) + DP Children w/ Medicare	\$321.00*
Anthem: Health Savings Account Plan	
DP Only w/o Medicare	\$767.25
DP Only w/ Medicare (< 65)	\$201.20*
DP Only w/ Medicare (> 65)	\$119.80*
DP Child(ren) Only w/o Medicare	\$357.73
DP Child(ren) Only w/ Medicare	\$201.20*
DP + DP Children w/o Medicare	\$1,124.98
DP w/o Medicare + DP Children w/ Medicare	\$968.45*
DP w/ Medicare (< 65) + DP Children w/o Medicare	\$558.93*
DP w/ Medicare (> 65) + DP Children w/o Medicare	\$477.53*
DP w/ Medicare (< 65) + DP Children w/ Medicare	\$402.40*
DP w/ Medicare (> 65) + DP Children w/ Medicare	\$321.00*
Anthem: Retiree Option Plan	
DP Only w/o Medicare	\$352.66
DP Only w/ Medicare (< 65)	\$201.20*
DP Only w/ Medicare (> 65)	\$119.80*
DP Child(ren) Only w/o Medicare	\$253.87
DP Child(ren) Only w/ Medicare	\$201.20*
DP + DP Children w/o Medicare	\$606.54
DP w/o Medicare + DP Children w/ Medicare	\$553.86*
DP w/ Medicare (< 65) + DP Children w/o Medicare	\$455.07*
DP w/ Medicare (> 65) + DP Children w/o Medicare	\$373.67*
DP w/ Medicare (< 65) + DP Children w/ Medicare	\$402.40*
DP w/ Medicare (> 65) + DP Children w/ Medicare	\$321.00*
Blue Shield	
DP Only w/o Medicare	\$664.55
DP Only w/ Medicare (< 65)	\$201.20*
DP Only w/ Medicare (> 65)	\$119.80*
DP Child(ren) Only w/o Medicare	\$345.44
DP Child(ren) Only w/ Medicare	\$201.20*
DP + DP Children w/o Medicare	\$1,009.99
DP w/o Medicare + DP Children w/ Medicare	\$865.75*
DP w/ Medicare (< 65) + DP Children w/o Medicare	\$546.64*
DP w/ Medicare (> 65) + DP Children w/o Medicare	\$465.24*
DP w/ Medicare (< 65) + DP Children w/ Medicare	\$402.40*
DP w/ Medicare (> 65) + DP Children w/ Medicare	\$321.00*

*Includes \$96.40 Medicare Credit (\$15 if over age 65) for each dependent also enrolled with Medicare Part B (if applicable).

2012 Imputed Income for Domestic Partner Benefits of Pensioners without Medicare (Continued)

BENEFIT PLAN	Imputed Income
Health Net: Medicare COB	
DP Only w/o Medicare	\$767.25
DP Only w/ Medicare (< 65)	\$201.20*
DP Only w/ Medicare (> 65)	\$119.80*
DP Child(ren) Only w/o Medicare	\$357.73
DP Child(ren) Only w/ Medicare	\$201.20*
DP + DP Children w/o Medicare	\$1,124.98
DP w/o Medicare + DP Children w/ Medicare	\$968.45*
DP w/ Medicare (< 65) + DP Children w/o Medicare	\$558.93*
DP w/ Medicare (> 65) + DP Children w/o Medicare	\$477.53*
DP w/ Medicare (< 65) + DP Children w/ Medicare	\$402.40*
DP w/ Medicare (> 65) + DP Children w/ Medicare	\$321.00*
Health Net: Seniority Plus	
DP Only w/o Medicare	\$767.25
DP Only w/ Medicare (< 65)	\$201.20*
DP Only w/ Medicare (> 65)	\$119.80*
DP Child(ren) Only w/o Medicare	\$357.73
DP Child(ren) Only w/ Medicare	\$201.20*
DP + DP Children w/o Medicare	\$1,124.98
DP w/o Medicare + DP Children w/ Medicare	\$968.45*
DP w/ Medicare (< 65) + DP Children w/o Medicare	\$558.93*
DP w/ Medicare (> 65) + DP Children w/o Medicare	\$477.53*
DP w/ Medicare (< 65) + DP Children w/ Medicare	\$402.40*
DP w/ Medicare (> 65) + DP Children w/ Medicare	\$321.00*
Kaiser – North and South	
DP Only w/o Medicare	\$546.79
DP Only w/ Medicare (< 65)	\$201.20*
DP Only w/ Medicare (> 65)	\$119.80*
DP Child(ren) Only w/o Medicare	\$323.57
DP Child(ren) Only w/ Medicare	\$201.20*
DP + DP Children w/o Medicare	\$870.36
DP w/o Medicare + DP Children w/ Medicare	\$747.99*
DP w/ Medicare (< 65) + DP Children w/o Medicare	\$524.77*
DP w/ Medicare (> 65) + DP Children w/o Medicare	\$443.37*
DP w/ Medicare (< 65) + DP Children w/ Medicare	\$402.40*
DP w/ Medicare (> 65) + DP Children w/ Medicare	\$321.00*

*Includes \$95.40 Medicare Credit (\$15 if over age 65) for each dependent also enrolled with Medicare Part B (if applicable).