



Notice Concerning Your Spouse/Same-Sex Domestic Partner's Eligibility

If your spouse or same-sex domestic partner (partner) is eligible for medical, hospital and/or prescription benefits through their own employer, your spouse or partner must enroll for that insurance as their primary coverage as soon as it is available, regardless of cost. The Motion Picture Industry Health Plan (MPIHP) then will be the secondary coverage for those benefits, and remain the primary coverage for dental and vision benefits.

To determine whether your spouse or partner is eligible for MPIHP as their primary coverage, you must submit the applicable Forms:

- If your spouse or partner is employed, complete and sign Forms 1 and 2 (Form 2 has a section to be completed and signed by their employer).
- If your spouse or partner is self-employed/freelance with insurance, complete and sign Forms 1 and 2.
- If your spouse or partner is unemployed, or self-employed/freelance without insurance, complete and sign Forms 1 and 3.
- If your spouse or partner is retired with insurance (with or without Medicare), complete and sign Forms 1 and 2.
- If your spouse or partner is retired without group health insurance (with or without Medicare), complete and sign Forms 1 and 3. If you are eligible for Medicare, indicate the effective date of Medicare coverage. Because Medicare becomes the primary coverage at age 65 (or if either of you become permanently disabled), you and your spouse or partner **MUST** enroll in both Medicare Parts A and B.

If you fail to submit the required Forms, or if it is determined that your spouse or partner is eligible for insurance through their employer but did not enroll, the MPIHP will immediately terminate all coverage for your spouse or partner. If it is determined that we paid any claims for your spouse or partner, you will be held personally liable for reimbursement to the Plan.

It is your responsibility to notify MPIHP of any change to your spouse or partner's insurance or employment status. Failure to do so can result in the termination of coverage and denial of claims.

Notice Concerning Your Spouse's Eligibility, *cont'd.*

Unless there is a premium cost (or if your spouse or partner has a later birth month than you), eligible dependent children also must be enrolled for the insurance available to your spouse or partner through their employer. If they are not enrolled, MPIHP will terminate all coverage for your dependent children.

If you have any questions, please contact MPI's Participant Services Center by email at service@mpihp.org or call (818) 769-0007, extension 244, from 8 a.m. to 5 p.m. Pacific Standard Time, Monday through Friday. If you live outside of Southern California, you may call MPI toll-free at (888) 369-2007, extension 244.

Participant Services Center
Motion Picture Industry Health Plan