

DECLARATION OF MARRIAGE OR DOMESTIC PARTNERSHIP GRADUATE APPOINTEE INSURANCE PROGRAM

If you have included family members in your LifeWise Student Health Plan for the University of Washington Graduate Appointee Insurance Plan, you will need to provide documents that prove their eligibility within the month in which you enrolled your dependents. Please submit the appropriate documents to the following address:

Membership and Billing
PO Box 3048, MS 737
Spokane, WA 99220
Fax: 888-251-7319

Please call LifeWise Customer Service at 800-971-1491 should you have any questions or need assistance.

SECTION I—DECLARATION OF MARRIAGE	
I, _____	certify that _____ and I were legally
Print or Type Subscriber's Name	Print or Type Spouse's Name
married on _____ / _____ / _____ . <div style="display: flex; justify-content: space-around; font-size: x-small;"> Month Day Year </div>	

SECTION II—DECLARATION OF DOMESTIC PARTNERSHIP	
_____ and I, _____,	established a state
Print or Type Subscriber's Name	Print or Type Spouse's Name
registered domestic partnership on _____ / _____ / _____ . <div style="display: flex; justify-content: space-around; font-size: x-small;"> Month Day Year </div>	

It is understood that:

- This declaration shall be terminated upon death of the spouse or domestic partner or by change of circumstance attested to in this declaration.
- Appointees will notify LifeWise Assurance Company if the marriage has dissolved or the domestic partnership no longer meets all of the criteria attested to in this declaration within thirty-one (31) days of a change.
- If Registered Domestic Partner, please complete the Declaration of Tax Status (023471)

SECTION III—SIGNATURES		
We declare, under penalty of perjury, that the foregoing information provided by us is true and correct and that all provisions of this statement have been met. Washington State law may require disclosure of any information you submit as a public record.		
_____ Subscriber's Signature:	_____ Social Security Number:	_____ Date:
_____ Spouse or Domestic Partner's Signature:	_____ Social Security Number:	_____ Date:

Please return to:
LifeWise Assurance Company
Attn: M&B, MS 737
PO Box 3048
Spokane, WA 99220
Phone: 1-800-971-1491



Discrimination is Against the Law

LifeWise Assurance Company complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

Getting Help in Other Languages

This Notice has Important Information. This notice may have important information about your application or coverage through LifeWise Assurance Company. There may be key dates in this notice. You may need to take action by certain deadlines to keep your health coverage or help with costs. You have the right to get this information and help in your language at no cost. Call 800-971-1491 (TTY: 800-842-5357).

Español (Spanish): Este Aviso contiene información importante. Es posible que este aviso contenga información importante acerca de su solicitud o cobertura a través de LifeWise Assurance Company. Es posible que haya fechas clave en este aviso. Es posible que deba tomar alguna medida antes de determinadas fechas para mantener su cobertura médica o ayuda con los costos. Usted tiene derecho a recibir esta información y ayuda en su idioma sin costo alguno. Llame al 800-971-1491 (TTY: 800-842-5357).

中文 (Chinese): 本通知有重要的訊息。 本通知可能有關於您透過 LifeWise Assurance Company 提交的申請或保險的重要訊息。本通知內可能有重要日期。您可能需要在截止日期之前採取行動，以保留您的健康保險或者費用補貼。您有權利免費以您的母語得到本訊息和幫助。請撥電話 800-971-1491 (TTY: 800-842-5357)。

Tiếng Việt (Vietnamese): Thông báo này cung cấp thông tin quan trọng. Thông báo này có thông tin quan trọng về đơn xin tham gia hoặc hợp đồng bảo hiểm của quý vị qua chương trình LifeWise Assurance Company. Xin xem ngày quan trọng trong thông báo này. Quý vị có thể phải thực hiện theo thông báo đúng trong thời hạn để duy trì bảo hiểm sức khỏe hoặc được trợ giúp thêm về chi phí. Quý vị có quyền được biết thông tin này và được trợ giúp bằng ngôn ngữ của mình miễn phí. Xin gọi số 800-971-1491 (TTY: 800-842-5357).

Tagalog (Tagalog): Ang Paunawa na ito ay naglalaman ng mahalagang impormasyon. Ang paunawa na ito ay maaaring naglalaman ng mahalagang impormasyon tungkol sa iyong aplikasyon o pagsakop sa pamamagitan ng LifeWise Assurance Company. Maaaring may mga mahalagang petsa dito sa paunawa. Maaring mangailangan ka na magsagawa ng hakbang sa ilang mga itinakdang panahon upang mapanatili ang iyong pagsakop sa kalusugan o tulong na walang gastos. May karapatan ka na makakuha ng ganitong impormasyon at tulong sa iyong wika ng walang gastos. Tumawag sa 800-971-1491 (TTY: 800-842-5357).