

GEISINGER HEALTH PLAN  
RIDER FOR SUPPLEMENTAL HEALTH SERVICES  
BUCKNELL UNIVERSITY

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*Spousal Equivalent*  
*- Effective 1/1/06 -*

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**(for new business/renewals 1/1/06 and after)**

**THIS RIDER** is attached to, made part of and provides additional benefits under the terms of the Geisinger Health Plan Group Subscription Certificate on the current Face Sheet of which it is currently listed as being in force.

**Spousal Equivalent**

**1. DEFINITIONS.**

1.1 **“Family Dependent”** for purposes of this Rider only shall mean, an unmarried natural child(ren) or adopted child(ren) of the Subscriber’s Spousal Equivalent, or any other child(ren) of whom the Subscriber’s Spousal Equivalent is the Legal Guardian or Legal Custodian whose age is less than the Maximum Age for dependent children as stated on the Face Sheet and for whom the applicable premium for Family Coverage has been paid. The Plan may periodically require documentary proof of such dependency.

1.2 **“Spousal Equivalent”** means the partner of a Bucknell University employee, who is registered with a domestic partner registry in effect in the municipality/governmental entity within which both individuals currently reside (if applicable) or who meets the definition of a domestic partner as defined by the state or local government where both individuals currently reside.

1.3 **“Spousal Equivalency”** means the relationship established between a Spousal Equivalent and a Subscriber whereby the Subscriber has filed a notarized affidavit with the Subscriber's employer Group and the Plan certifying that the requirements of a Spousal Equivalent, as defined herein, have been fulfilled.

**2. BENEFITS.**

2.1 A Subscriber who: (i) has demonstrated a Spousal Equivalent; and (ii) has satisfied the eligibility requirements as set forth in this Rider and the Certificate, may arrange for Family Coverage by enrolling his or her Spousal Equivalent and Family Dependent(s) in the Plan during an Open Enrollment Period or special enrollment period as a result of loss of eligibility status as set forth in the Certificate.

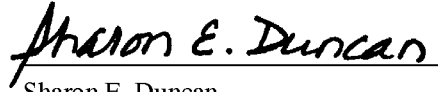
The effective date of coverage of the Spousal Equivalent and Family Dependent(s) under the Certificate to which this Rider is attached, will be predetermined by the Plan and the Group. Premiums for such coverage of a Spousal Equivalent and Family Dependent(s) shall be payable from the date which the Spousal Equivalent and Family Dependent(s) become enrolled in the Plan. No proof of insurability shall be required.

2.2 Once enrolled, each Member must continue to meet the applicable eligibility criteria as set forth in this Rider and the Certificate to which this Rider is attached. Loss of eligibility, which includes termination of a Spousal Equivalency, shall result in termination of coverage effective the day after the date upon which eligibility ceases.

The Subscriber shall be responsible to notify the Plan and the Group in writing immediately upon termination of such Spousal Equivalency.



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