HARVARD PILGRIM HEALTH CARE, INC.
AND AFFILIATES
Employer Agreement Amendment
Concerning Coverage of Domestic Partners and Their Children

This document amends the Employer Agreement(s) between **Employer, Harvard Pilgrim Health Care, Inc.** and, if applicable, its affiliate, **HPHC Insurance Company, Inc.** (collectively "HPHC") for the purpose of modifying HPHC's standard eligibility criteria for dependents to include domestic partners and their children.

It is understood that HPHC has set forth standard eligibility criteria for dependents enrolled through Employer in Exhibit A to the Employer Agreement. However, Employer may purchase additional coverage for dependents upon written approval by HPHC.

Employer has requested that HPHC modify the standard eligibility criteria for dependents to include domestic partners and the children of domestic partners.

Therefore, any and all Employer Agreements currently in effect between HPHC and Employer are amended as follows:

Exhibit A entitled "Eligibility of Dependents Under the Plan" is hereby amended by adding the following two paragraphs:

"5. The subscriber's sole domestic partner in accordance with HPHC's eligibility criteria. HPHC may request evidence of spousal equivalency/domestic partnership, including an affidavit attesting that the eligibility criteria for domestic partnership are met.

6. A dependent child of the subscriber's sole domestic partner under the terms and conditions described in the paragraphs above as if such sole domestic partner were the subscriber's spouse."

All other provisions of the Employer Agreement(s) between HPHC and Employer remain in full force and effect.

This Amendment shall be effective on the date last signed below. It shall continue in effect from year to year until either all Employer Agreements between HPHC and Employer are terminated or one party gives the other written notice of its intent to terminate this Amendment at least 30 days before Employer's Anniversary Date.

HARVARD PILGRIM HEALTH CARE OF, INC. / HPHC INSURANCE COMPANY, INC.

By_____ Date:_____

Title_____

EMPLOYER:_____

By_____ Date:_____

Title_____