
Who you can cover

US Benefits

Effective January 1, 2025



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About this guide

This guide provides details about who you can cover—including eligibility rules and enrollment procedures.

Throughout this guide, we mention some benefits that might not apply to everyone. For example, the Adoption Assistance Program and relocation assistance are available to most current HP employees but not to former employees or HP retirees.

Information for all eligible dependents

Your eligible dependents may be covered under medical, dental, vision, life insurance, and Accidental Death and Dismemberment (AD&D) insurance options, depending on your own benefits eligibility.

Complete eligibility rules can be found in the appropriate summary plan description (SPD) posted on [your personalized MyHPBenefits](#).

Eligible dependents are generally defined as follows:

- Your legal spouse, including a same-sex spouse, unless legally separated from you pursuant to a court order. Former spouses are not eligible, even if you are required to provide coverage as part of a divorce decree.
- Your common-law spouse, if common-law marriages are recognized in your state as valid under its state laws, and you register your marriage with the appropriate public official.
- Your qualifying partner, including a same-sex or opposite-sex domestic partner. You must have either registered your domestic partnership with a state or local government that accepts such registrations, or you and your partner must have satisfied all of HP's partner eligibility requirements for at least six full months. Note that coverage for a partner may be subject to taxable imputed income. For more details, see "[Covering your domestic partner](#)."
- Children under age 26* who are your, your spouse's, or qualifying domestic partner's:
 - Biological children;
 - Stepchildren (the stepchild relationship exists only as long as the marriage or domestic partnership lasts);
 - Adopted (or placed) children;
 - Foster and/or legal guardianship children;
 - Other children who qualify as federal tax dependents; and
 - Children for whom a Qualified Medical Child Support Order (QMCSO) has been issued by a US court or state agency.

Other relatives, including parents, are not eligible for coverage unless they qualify under the provisions above.

* Certain benefits may be extended for mentally and/or physically incapacitated children beyond age 26.

Ensure your dependents meet HP eligibility requirements

When you enroll your dependents, you're representing to the plans that your dependents are eligible. Following your enrollment, you'll be required to provide supporting documentation for dependents you choose to cover under an HP medical option. Any attempt to enroll an ineligible dependent is considered a material misrepresentation by you and evidence of fraud on the plans.

Dependent eligibility is subject to periodic audits. If you're found to be covering an ineligible dependent or you don't provide the required information by the due date, that dependent's coverage will be dropped retroactively without eligibility for continuation of coverage under the Consolidated Omnibus Budget Reconciliation Act (COBRA). You won't receive retroactive premium refunds.

Benefits eligibility extension for incapacitated children

Children who meet the child eligibility criteria, as described on the previous page, but have reached the maximum age limit (end of the month in which they turn age 26) can continue to qualify if they are incapable of self-sustaining employment by reason of physical or mental disability. To qualify for extended eligibility, the incapacitated child must meet all of the following qualifications:

- Have become incapacitated before the maximum age limit applied; and
- Be enrolled in the applicable HP coverage prior to the age limit applying (or within 60 days of the child's initial plan eligibility, if later); and
- Remain continuously enrolled in the applicable HP coverage thereafter.

Eligibility for this continued coverage is subject to periodic certification and approval by your medical carrier. If you wish to continue coverage beyond age 26 for your currently covered dependent child who is incapable of self-sustaining employment by reason of physical or mental disability, it's important that you work with your medical carrier and the HP Benefits Center to certify that your dependent meets the eligibility criteria.

If you discontinue the child's enrollment in HP benefits for any reason, the child may not be re-enrolled at any future date. No child age 26 or older may be added to coverage, except for an incapacitated child who is added to HP coverage within 60 days of their initial plan eligibility (for example, within 60 days of the employee's initial eligibility, hire date, or marriage).

Covering your domestic partner

Partner benefits are available to all benefits-eligible HP employees on US Payroll and certain former employees who qualify under eligibility rules for each participating plan. Qualifying partners can participate in most HP benefits in a similar manner as spouses of married plan participants. Eligible partners may be of the same sex or opposite sex, and eligible children of partners may also qualify.

If you're legally married to your partner, the remainder of this section does not apply to you.

If you're legally married to your partner, your partner is considered a spouse for purposes of HP benefits eligibility, and the partner benefit provisions described in this guide generally do not apply. Please note, however: If you previously covered your spouse under HP's partner eligibility, you must notify HP of your legal marriage by contacting the HP Benefits Center at 1-800-890-3100. Your partner's status will then be updated to a spouse on [your personalized MyHPBenefits](#).

Who qualifies as my "partner"?

To qualify for benefits, you must have either registered your domestic partnership with a state or local government that accepts such registrations, or you and your partner must have satisfied all of the following requirements for at least six full months:

- Be each other's sole partner and intend to remain so indefinitely;
- Reside together in the same principal residence and intend to remain so indefinitely;
- Be emotionally committed to one another, share joint responsibilities for your common welfare, and be financially interdependent;
- Each be at least 18 years of age and mentally competent to consent to a contract;
- Not be related by blood more closely than would bar marriage under applicable law in effect where you reside; and
- Not be legally married to anyone else or involved in any other domestic partnership.

Please note:

- You cannot enroll a partner until at least six months after the date of a divorce from a spouse; and
- You cannot enroll a new partner until at least six months after the date you terminate a previous domestic partnership.

The six-month rule doesn't apply if you register your domestic partnership with a state or local government. The state or local government, however, may have similar rules you'll need to satisfy before your registration can be accepted.

What benefits are available for qualified partners?

Qualified partners are eligible for benefits—including medical, dental, vision, and life and AD&D insurance—depending on your own benefits eligibility. There are, however, certain tax considerations for partner health benefits coverage. For more information, see [“What are the tax considerations regarding my health benefits coverage?”](#)

In addition, certain other benefits may be available, including Flexible Spending Accounts (FSAs), the Health Savings Account (HSA), and the Adoption Assistance Program.

What you need to know about your coverage and taxes

What are the tax considerations regarding my health benefits coverage?

Medical, dental, and vision benefits are normally provided to employees on a non-taxable basis. This means you aren't taxed on the portion of the premium costs paid by HP, and employees who pay their share of costs through payroll deductions make these deductions on a pre-tax basis (generally exempt from federal income, state income, and FICA taxes).

Congress and the IRS, however, don't currently recognize unmarried partners as qualifying for these tax-free benefits. As a result, if you enroll your partner and/or any of your partner's children in medical, dental, or vision benefits, you'll have taxable “income” reported to you, reflecting the value of the coverage provided (regardless of any other family members you already may be covering).

- If you're an active HP employee paid on US Payroll, in most cases these taxable income amounts will be added on a pay-period basis for tax calculation purposes only, with federal and state income taxes as well as FICA taxes withheld each pay period throughout the year. Your total taxable income amounts and withholdings will then be reported on your Form W-2 at year-end.
- If you're not an active HP employee (for example, if you're a retiree or other former employee), taxable income amounts will be reported at the end of the year and may be included on your Form W-2.

If you're participating in health benefits coverage as a former employee under the Consolidated Omnibus Budget Reconciliation Act (COBRA) or as a participant in the HP Retiree Medical Program (excluding the Pre-2003 HP Retiree Medical Program or the former Digital Retiree Health Program), you won't have any taxable income reported for you because you already pay the full cost of coverage on an after-tax basis. In addition, regardless of your participation status, benefits paid for health care services received by your partner or your partner's covered children are not taxable.

Please keep in mind that HP cannot offer tax advice. If you have additional questions about the tax implications of enrolling your partner and/or any of your partner's children in medical, dental, or vision benefits, please speak with a professional tax adviser before enrolling.

What if my partner is my federal tax dependent?

If you'll be claiming your partner and/or your partner's children as dependents on your federal income tax return, you may be able to reduce or eliminate imputed income on their health care benefits when filing your tax returns. Taxable income exceptions for state tax purposes may also be possible in certain states—for example, if you have registered your domestic partnership with the state.*

* Please consult with your tax adviser or legal counsel as to how taxation of domestic partner health benefits may affect your personal tax situation and how any adjustments or exceptions may be applied when filing your tax returns.

What are the tax implications of my partner's life and AD&D coverage?

Unlike health benefits, there are no special tax consequences or tax forms associated with life and AD&D insurance benefits for a partner. That's because you pay the full cost of life and AD&D insurance for a partner on an after-tax basis.

When your partner becomes ineligible

If you and your partner no longer meet the eligibility criteria for a domestic partnership (if, for example, you stop living together or cease to be registered with a state or local government that accepts such registrations), this is considered a qualified life event, and your partner coverage eligibility ends immediately. In this case, you must discontinue coverage and related contributions within 60 days of the date your partner ceases to be eligible by calling the HP Benefits Center at 1-800-890-3100.

If you and your spouse/partner both work for HP

Your HP benefit elections

If you and your spouse/partner are both benefits-eligible HP employees, here are some things to consider:

Benefit	If your spouse/partner is also an eligible HP employee
Medical, dental, and vision benefits	<p>You can each elect coverage separately (with one of you covering any eligible children), which generally helps minimize your premiums. You also have the option of covering each other, but you should know that, if you both choose to cover each other and your eligible dependent children, it may not result in increased benefits. We encourage you to review your options with your spouse/partner and determine what is best for you and your family.</p> <p>Alternately, one of you can elect to waive coverage and be covered as an eligible dependent under your spouse's/partner's option. The Working Spouse Surcharge does not apply under HP medical benefits if your spouse/partner also works for HP. However, if you each elect coverage individually (with one of you covering any eligible children), your premiums may be lower, and each of you can still qualify for the maximum HP wellness incentive credits.</p>
High Deductible Health Plan with Health Savings Account	<p>You can each contribute to a Health Savings Account (HSA) separately, if you're independently enrolled in the High Deductible Health Plan (HDHP), and HP contributions will be based on your separate enrollments.</p> <ul style="list-style-type: none">• If covered individually, you can each contribute up to the individual maximum set by the IRS. If you (and/or your spouse/partner) are age 55 or older, you may also make a catch-up contribution, to the maximum of \$1,000.• If you're both covered under one spouse/partner, together you can contribute up to the combined family limit set by the IRS. Because your HSA will be in one person's name, if age 55 or older, they are the only person eligible to make catch-up contributions, to the maximum of \$1,000. <p>Any HP contribution to your HSA counts toward the annual IRS limit.</p>
Flexible Spending Accounts	<p>You can each elect to contribute separately to a Health Care Flexible Spending Account (FSA)—or to a Limited Purpose Health Care FSA, if you're enrolled in the HDHP. The IRS does not place a combined family limit on the Health Care FSA. While you may each elect to contribute separately to the FSA, you cannot each submit the same expenses for reimbursement. Each expense can be submitted only once.</p> <p>Under IRS rules, the Dependent Care FSA contribution limit is a combined family limit. As a result:</p> <ul style="list-style-type: none">• If you and your spouse will file a joint tax return, you will need to coordinate your combined Dependent Care FSA contributions so they do not exceed \$5,000 per year.• If you and your spouse will file separate tax returns, you each cannot contribute more than \$2,500 per year to the Dependent Care FSA.

Benefit	If your spouse/partner is also an eligible HP employee
<ul style="list-style-type: none"> • Supplemental Employee Life and AD&D insurance • Spouse Life and AD&D insurance • Child Life and AD&D insurance 	You can each elect coverage separately, including covering each other and both covering your eligible dependent children. Coverage elected for an employee under the Spouse/Partner Life insurance program is subject to the same maximums and restrictions that apply to a spouse or qualifying partner who is not an HP employee.
• Long-Term Disability (LTD)	You each enroll and participate separately.
<ul style="list-style-type: none"> • Retirement Medical Savings Account (RMSA) • Employee Stock Purchase Plan 	You each enroll and participate separately.
ARAG group legal insurance	One of you can enroll and both of you can use ARAG group legal insurance, or each of you can enroll and participate separately.
Kindbody fertility and family-building benefits	You each can claim up to \$20,000 in lifetime benefits for the reimbursement of eligible donor, surrogacy, and adoption services. You can each claim an additional \$20,000 toward fertility services and fertility medication. As HP employees, you can enroll and participate separately.
NortonLifeLock identity theft protection	One of you can enroll in family coverage, enabling both of you (and eligible dependent children) to use the coverage; or, each of you can enroll and participate separately. Enrolling separately doesn't double your coverage.
<ul style="list-style-type: none"> • Employee Assistance Program (EAP) • Employee programs (including credit union and auto and home insurance discounts) • Travel assistance programs • Well Beyond (including Virgin Pulse) 	You each participate separately. Although you can register for Virgin Pulse as a spouse, we recommend that you each register as an employee, so you each receive Virgin Pulse points for your registration.

Legal information

This guide contains some information about certain Employee Retirement Income Security Act (ERISA) and non-ERISA benefit plans and programs offered by HP Inc. Please refer to the HP Inc. U.S. Health and Welfare Benefits Summary Plan Description for more details about these plans and programs. Retirees should refer to the HP Inc. U.S. Retiree Benefits Summary Plan Description for more details. In the event of any inconsistency between this guide, the HP Inc. U.S. Health and Welfare Benefits Summary Plan Description, the HP Inc. U.S. Retiree Benefits Summary Plan Description, and the terms of the plans or programs, the terms of the plans or programs will control.

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