



**CARPENTERS
SOUTHWEST
ADMINISTRATIVE
CORPORATION**

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**DOMESTIC PARTNER (DP) HEALTH COVERAGE
UNDER THE SOUTHWEST CARPENTERS HEALTH & WELFARE PLAN
(Applies to Participants Residing in State that Recognizes Domestic Partners)**

Imputed Income and Tax Rates Sheet – Plan Year 2024

WHO IS ENROLLED?	ENROLLING DOMESTIC PARTNER ONLY		ENROLLING DOMESTIC PARTNER AND CHILD OF DOMESTIC PARTNER*		ENROLLING DOMESTIC PARTNER AND CHILDREN OF DOMESTIC PARTNER*	
	MONTHLY IMPUTED (TAXABLE) INCOME	MONTHLY FEDERAL TAX AMOUNT DUE	MONTHLY IMPUTED (TAXABLE) INCOME	MONTHLY FEDERAL TAX AMOUNT DUE	MONTHLY IMPUTED (TAXABLE) INCOME	MONTHLY FEDERAL TAX AMOUNT DUE
SWC Medical PPO & UHC Vision	645.51	191.40	1,260.25	373.67	1,726.93	512.04
Kaiser HMO Medical & Vision	558.79	165.69	1,169.28	346.70	1,673.05	496.06
SWC Medical PPO & UHC Vision Paired with UHC PPO Dental	668.29	198.15	1,306.11	387.27	1,817.42	538.87
SWC Medical PPO & UHC Vision Paired with UHC DC Dental-CA	665.16	197.22	1,294.59	383.85	1,775.03	526.30
SWC Medical PPO & UHC Vision Paired with UHC DC Dental-NV	666.54	197.63	1,298.95	385.14	1,790.10	530.77
SWC Medical PPO & UHC Vision Paired with UHC INO Dental	678.72	201.25	1,327.10	393.49	1,858.91	551.17
Kaiser HMO Medical & Vision Paired with UHC PPO Dental	581.57	172.44	1,215.14	360.29	1,763.54	522.89
Kaiser HMO Medical & Vision Paired with UHC DC Dental	578.44	171.51	1,203.62	356.88	1,721.15	510.33

**If the plan participant (employee) is already covering their own dependent child(ren) on the medical plan, and he/she wishes to enroll a DP and their child(ren), the plan participant must only pay taxes for the DP (first two columns above).*