

<p align="center">CHARGE OF DISCRIMINATION</p> <p><small>This form is affected by the Privacy Act of 1974. See enclosed Privacy Act Statement and other information before completing this form.</small></p>	<p>Charge Presented To: _____ Agency(ies) Charge No(s): _____</p> <p><input type="checkbox"/> FEPA <input checked="" type="checkbox"/> EEOC</p>
---	---

Connecticut Commission on Human Rights and Opportunities _____ and EEOC
State or Local Agency, if any

<p><small>Name (Indicate Mr., Ms., Mrs.)</small> Dr. Kerry Considine</p>	<p><small>Name (Phone Incl. Area Code)</small> [REDACTED]</p>	<p><small>Date of Birth</small> 06/27/77</p>
---	---	---

<p><small>Street Address</small> [REDACTED]</p>	<p><small>City, State and ZIP Code</small> [REDACTED]</p>	<p>[REDACTED]</p>
---	---	-------------------

Named is the Employer, Labor Organization, Employment Agency, Apprenticeship Committee, or State or Local Government Agency That I Believe Discriminated Against Me or Others. (If more than two are named, list under PARTICULARS below.)

<p><small>Name</small> Brookdale Senior Living, Brookdale Place of West Hartford</p>	<p><small>No. Employees, Members</small> 500</p>	<p><small>Phone No. (Incl. Area Code)</small> 860-523-9899</p>
---	---	---

<p><small>Street Address</small> 22 Simsbury Rd., West Hartford, CT</p>	<p><small>City, State and ZIP Code</small> 06117</p>
--	---

<p><small>Name</small></p>	<p><small>No. Employees, Members</small></p>	<p><small>Phone No. (Incl. Area Code)</small></p>
----------------------------	--	---

<p><small>Street Address</small></p>	<p><small>City, State and ZIP Code</small></p>
--------------------------------------	--

<p><small>DISCRIMINATION BASED ON (Check appropriate box(es))</small></p> <p> <input type="checkbox"/> RACE <input type="checkbox"/> COLOR <input checked="" type="checkbox"/> SEX <input type="checkbox"/> RELIGION <input type="checkbox"/> NATIONAL ORIGIN <input type="checkbox"/> RETALIATION <input type="checkbox"/> AGE <input type="checkbox"/> DISABILITY <input type="checkbox"/> GENETIC INFORMATION <input type="checkbox"/> OTHER (Specify) </p>	<p><small>DATE(S) DISCRIMINATION TOOK PLACE</small></p> <p><small>Earliest</small> _____ <small>Latest</small> _____</p> <p><input checked="" type="checkbox"/> CONTINUING ACTION</p>
---	---

THE PARTICULARS ARE (If additional paper is needed, attach extra sheets):

1. I am a licensed physical therapist and work as a team lead in the Hartford Connecticut Network for Brookdale Senior Living (hereinafter "Brookdale"). I have worked for Brookdale since October 2012 and have performed my job in a satisfactory manner at all times.
2. To the best of my knowledge, Brookdale is a publicly-owned company. It is the nation's largest owner and operator of senior living communities throughout the United States, with more than 550 senior living and retirement communities across the country. Brookdale's corporate headquarter is located in Tennessee.
3. As part of my compensation, I receive employee health insurance benefits. To the best of my knowledge, those benefits are self-insured through Brookdale and administered through United Healthcare.
4. Brookdale provides qualified employees with the option of obtaining health insurance coverage for their spouse.
5. On November 1, 2013, I married my spouse Renee Considine in Massachusetts.

<p>I want this charge filed with both the EEOC and the State or local Agency, if any. I will advise the agencies if I change my address or phone number and I will cooperate fully with them in the processing of my charge in accordance with their procedures.</p>	<p><small>NOTARY - When necessary for State or Local Agency Requirements</small></p>
--	--

<p>I declare under penalty of perjury that the above is true and correct.</p> <p>1-17-14 _____ <small>Date</small> <small>Charging Party Signature</small></p>	<p>I swear or affirm that I have read the above charge and that it is true to the best of my knowledge, information and belief.</p> <p><small>SUBSCRIBED AND SWORN TO BEFORE ME THIS DATE</small> <small>(month, day, year)</small></p> <p align="center"><i>Shawn M. Pelletier</i> January 17, 2014</p>
--	---



CHARGE OF DISCRIMINATION

This form is affected by the Privacy Act of 1974. See enclosed Privacy Act Statement and other information before completing this form.

Charge Presented To:

Agency(ies) Charge No(s):

- FEPA
- EEOC

Connecticut Commission on Human Rights and Opportunities

and EEOC

State or Local Agency, Year

THE PARTICULARS ARE (if additional paper is needed, attach extra sheets):

6. Renee is in graduate school to become a school guidance counselor, with an expected graduation date of May 2014. Although Renee has purchased student health insurance through her school, that plan has minimal coverage and does not cover many of her medical expenses. For example, Renee has a gastric band that requires periodic maintenance, which is not covered by her insurance plan.
7. In October 2013, I called Brookdale's human resources department to ask whether Renee could be added to my health and dental insurance plan as my legal spouse. I was told on the phone that Brookdale did not offer health insurance coverage to same-sex spouses, even though I am otherwise qualified to receive those benefits.
8. On November 1, 2013, I emailed Brookdale's human resources department to request that Renee be added to my health and dental insurance coverage.
9. On November 4, 2013, I received a response to my email informing me that Brookdale would not add Renee to my health and dental insurance coverage, because Renee is a same-sex spouse, even though I am otherwise qualified to receive those benefits.
10. Brookdale has refused and continues to refuse to provide spousal health and dental insurance coverage for my spouse because I am a woman married to another woman, even though they would provide such coverage if I were a man married to a woman.
11. Brookdale has refused and continues to refuse to provide spousal health and dental insurance coverage for my spouse because my spouse is a woman, even though they would provide such coverage if my spouse were a man.
12. Brookdale has refused and continues to refuse to provide spousal health and dental insurance coverage for my spouse because of our same-sex sexual orientation.
13. As a result of Brookdale's refusal and continued refusal to provide spousal health and dental insurance coverage for Renee, we have suffered negative financial, health, as well as emotional and physical harm and pain.
14. For example, we have begun the process to have a child through assisted insemination, with Renee carrying the baby. Without health insurance for Renee, we will be forced to spend thousands of dollars in health care expenses.
15. I believe that I have been discriminated against based upon my sex in violation of the Connecticut Fair Employment Practices Act and Title VII of the federal Civil Rights Act of 1964.

I want this charge filed with both the EEOC and the State or local Agency, if any. I will advise the agencies if I change my address or phone number and I will cooperate fully with them in the processing of my charge in accordance with their procedures.

NOTARY - When necessary for State or Local Agency Requirements

I declare under penalty of perjury that the above is true and correct.

I swear or affirm that I have read the above charge and that it is true to the best of my knowledge, information and belief.

SIGNATURE OF COMPLAINANT

Shawn M. Pelletier

SUBSCRIBED AND SWORN TO BEFORE ME THIS DATE
(month, day, year)

1-17-14 *Kerry L. Cini*
Date Charging Party Signature

Jan 17 2014

