Domestic Partner Implementation Guide
2018
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PLEASE NOTE

As your insurance consultant, we have prepared this guide to provide you with general information on providing domestic partner benefits. We have not attempted to address all issues pertaining to domestic partner coverage. We have summarized and provided our interpretation of selected information that, in our opinion, is crucial to understanding and administering domestic partner benefits. Insurance carriers administer domestic partner coverage according to their own interpretations. Therefore, you should consult with your own insurance carrier and refer to the complete text in the statutes, legislative history, regulations, court cases, and other announcements for amendments and updates. This guide is for informational purposes only, and should not be construed as legal advice or legally binding. Please consult your legal counsel if you require a binding opinion on any specific matter.

This guide is updated from time to time to reflect changes in domestic partner benefit administration or changes in state law. Please contact your Gallagher Benefit Services consultant team to determine if you have the most current version of these materials.
INTRODUCTION

Note: This guide applies specifically to same-sex and opposite-sex domestic partners. The application of these rules for partners of civil unions is generally the same and can be used interchangeably in most cases.

Trends

In June 2015, the U.S. Supreme Court issued its Obergefell v. Hodges decision which requires states to allow same-sex marriage and to recognize same-sex marriages legally performed in other states. While this ruling did not directly impact federal or state domestic partnership laws, it may affect an employer’s decision to offer domestic partnership benefits. Historically, some employers offered coverage for same-sex domestic partners because same-sex couples could not legally marry in some states. Prior to the Obergefell decision, more than half of employers offered same-sex or opposite-sex domestic partnership benefits, but those numbers have dropped over since the decision. Post-Obergefell, some employers are considering removing domestic partnership benefits because they can now offer spousal coverage to legally married opposite-sex and same-sex spouses. Other considerations for removing domestic partnership benefits are administrative complexities and cost. Many employers deciding to continue to offer domestic partner benefits post-Obergefell will do so for the reasons detailed below.

Why offer domestic partner benefits?

Why this surge in domestic partner benefits? There are a number of reasons attributable to the growth of domestic partner benefits. The primary reason that employers offer domestic partner benefits is because they are under pressure to attract and retain the most effective workforce possible. Including domestic partner benefits in a comprehensive benefit package is a valuable tool to recruit and retain the best talent for an organization.

Additionally, in the public sector, some states (plus DC) have a law, policy, court decision or union contract that provide state employees with domestic partner benefits. And many more counties, cities, school districts, colleges and universities offer domestic partner benefits.

Other reasons for offering domestic partner benefits include the following:

• Fairness – Employers are focusing on equality and nondiscrimination in their employment practices. Providing domestic partner benefits is consistent with promoting this message.
• Recognition of all types of families - Employees are choosing not to marry and are staying in domestic partnerships.
• Diversity – Attracting gay and lesbian employees leads to an increased diversification of the workforce.
• Government contracting – Many government contracts require winning bidders to provide domestic partner coverage to their employees.

How much does it cost?

One of the concerns employers have is the cost of providing domestic partner benefits. Generally, this breaks down into: 1) how many domestic partners will be enrolled; 2) what is the risk associated with domestic partners; and 3) what benefits will be provided?

Utilization of domestic partner benefits is generally much lower than anticipated. This may be due, in part, to the high number of domestic partners with professional careers and comprehensive benefit packages through their own employers. It is estimated that fewer than 5% of employees in domestic partnerships will enroll their domestic partner.
ADMINISTRATION

After deciding to offer domestic partner benefits, there are a number of issues that have to be considered and several decisions that must be made before implementation.

Defining a Domestic Partner

The first thing to decide is whether the benefit will be available to same-sex partners only, or same and opposite-sex partners. A majority of employers who offer domestic partner benefits offer benefits to same- and opposite-sex partners of their employees.

Eligible Dependents

The next step is to determine whether the children of domestic partners will be eligible. In almost all cases, employers that recognize an employee's domestic partner for benefits purposes decide that the partner's children are covered as eligible dependents as well. Also, is adoption or guardianship by the employee going to be required where a child is the natural child of the domestic partner?

Employers will also need to decide if children of a domestic partner will be eligible if the domestic partner is not enrolled.

Defining a Domestic Partnership

Domestic partnerships are loosely defined as two individuals who are in a long-term committed relationship and are responsible for each other's financial and emotional well-being, do not have a different domestic partner or spouse, have reached the age of consent, and are not related.

Employers are generally free to determine their own definition of "domestic partner" for purposes of benefits eligibility. Some common requirements include:

- Must be in an exclusive, committed relationship of at least six months’ duration
- Intend the relationship to be of an unlimited duration
- Must share the same principal residence for at least six months prior to enrollment
- Cannot currently be in a domestic partnership, civil union or marriage with a different person
- Must agree to be mutually responsible both legally and fiscally for each other and share financial responsibilities such as jointly-owned property or bank accounts
- Must be registered as a domestic partnership or civil union if any of those options are available (or become available) under local law
- Must not be related to each other

However, in states where an insurer is required to provide coverage for domestic partners, there will typically be a registration process whereby the state will establish the criteria for registration. Under these circumstances, the employer may not be allowed to establish any additional criteria for eligibility.

Consequences of Enrolling Ineligible Individuals

Employers should formulate policies and communicate to employees the consequences of enrolling ineligible individuals. This could include disenrollment and repayment of paid claims and/or insurance premiums.

Certification of Domestic Partnership

Though not required, many employers create a domestic partnership certification or affidavit. Some employers also require proof of financial commitment such as joint banking or other joint financial statements and/or proof of a common address (e.g., driver’s license). The certification will generally include the following:

- A description of the eligibility requirements as defined by the employer;
- Affirmation that the couple has met the eligibility requirements;
- Any other documentation required by the plan;
- The tax consequences of domestic partner benefits; and
- The consequences for providing false or misleading information

The employee and partner are then required to sign the certification attesting to their relationship.

Rather than requiring employees to complete a domestic partnership certification and provide other documentation, some employers require the employee to verify the status of the domestic partnership by providing to the plan, if available, a copy of a valid registration or equivalent document issued by a state or local agency under which the partnership was created. It should be noted that formalizing a relationship may impose certain requirements on individuals (e.g., community property laws, federal gift tax rules) that are not applicable to simple certifications used for the group health plan. Also, in some states (e.g., California), the insurer can ask for proof of a domestic partnership registration only if it also requests verifications of marital status from employees whose spouse is provided coverage.

Careful consideration of all the above factors should be employed before deciding on the proper level of documentation to satisfy the goals of the organization.

Benefits

Employers who decide to provide domestic partner benefits must consider which benefits will be available to domestic partners. This guide addresses health and dental benefits but other possible benefits include:

- Dependent life
- Retirement and pension
- Leave of absence
- Bereavement
- Employee discounts

Insurers

When providing health benefits through a licensed insurer, some states require the insurer to provide coverage for domestic partners on the same basis as coverage is provided for spouses. In other cases, insurers have taken it upon themselves to include domestic partner coverage as a standard coverage provision in their policy. In other cases, domestic partner coverage can be purchased as a rider to your insurance policy.

Where domestic partner coverage is not mandated, or is not specifically included in the policy terms, employers must get the insurer’s approval before enrolling domestic partners.

Insurers may require their own documentation of the domestic partnership. Your insurer will be able to provide you with a list of the required documents that should be included with every enrollment.

Enrollment

After the employer has collected a certification and/or documentation and verified eligibility, the domestic partner may be enrolled in the coverage. Enrollment forms may need to be revised to include domestic partner information.

Consideration should be given to enrollment and termination dates as well. Generally, insurers will apply the same rules that apply for spouses.

Termination of Domestic Partnership

Employers must establish procedures for the termination of a domestic partnership. Generally a domestic partnership will end when the partnership no longer meets all the required criteria as defined by the employer.

Many employers, as part of the Certification of Domestic Partnership, will require the employee to file a Termination of Domestic Partnership statement within a pre-determined time period (e.g., 30 days) after the end of the partnership.
Plan Document

Under ERISA, a benefit plan must be established and maintained pursuant to a written instrument, generally referred to as the plan document. The plan must also be administered according to the written terms of that plan document. Because the plan document will describe who is eligible for plan coverage, adding coverage for domestic partners will require amending the plan document.

The amendment should describe the domestic partner eligibility criteria (including a domestic partner’s children), the administrative requirements for enrolling a domestic partner, benefits available, and termination of domestic partner coverage. The amendment should be formally adopted in writing by the plan according to the plan’s amendment procedures.

Summary Plan Description (SPD)

ERISA requires that plan administrators provide participants with summary plan descriptions so that the participants are kept adequately informed of their benefits and rights under the plan.

Summary of Material Modification

Where there has been a plan document amendment that makes “material” changes to the information in the plan’s SPD - for example, changes in eligibility - a summary of material modification (SMM) must be provided to each plan participant no later than 210 days after the end of the plan year in which the amendment becomes effective. If there is a material reduction in plan benefits, the SMM must be provided within 60 days after the reduction has been adopted.

Section 125 Cafeteria Plan

If the employer decides to include domestic partner coverage under a Section 125 cafeteria plan, the cafeteria plan document should also be amended in a similar manner as the ERISA plan document.

Payroll

Federal

Domestic partner coverage will generally be provided on a post-tax basis though there may be rare instances where the domestic partner is the employee’s tax dependent and coverage can be provided on a pre-tax basis.

The employer’s payroll department or vendor should be prepared to withhold contributions on either a pre- or post-tax basis and impute the value of the coverage to the employee’s income and include it on a W-2.

The proposed cafeteria plan regulations issued in 2007 also permit a Section 125 cafeteria plan to allow pre-tax salary deductions for a non-tax dependent domestic partner as long as the full market value of the coverage is imputed to the employee on the back end (see the “Cafeteria Plan” section for more information).

Some employers automatically impute the value of the domestic partner coverage on a monthly basis and then at the end of the year make a determination whether to include the amounts on the employee’s Form W-2 or retract the imputed income if the employee certifies that the domestic partner was the employee’s tax dependent for that year.

State

The tax treatment of domestic partner coverage at the state level may be different than at the federal level. Some states exempt the value of domestic partner coverage from state taxes. A payroll department or vendor should be prepared to withhold state taxes accordingly based on the tax laws of the state where the couple resides.

Confidentiality

Many employees with domestic partners have concerns about invasions of their privacy and discrimination. Accordingly, most employers will want to assure employees that all records pertaining to an application for or by
domestic partners for health plan benefits will be held in strict confidence in a manner consistent with the handling of health plan or employment records of all employees.

**Communication**

The final thing the employer has to prepare is communication materials. It is imperative that employees clearly understand the domestic partner benefit and its importance to them as a part of their total compensation package. Employees who have a greater understanding of the benefit program will value it to a greater extent and are more likely to stay with the organization. In addition, communicating the rules such as when domestic partner coverage may be added or dropped decreases the risk of a misunderstanding. A strong communications program is also very important in a competitive recruiting environment. A domestic partner communication package should include information that will help employees understand the program including:

- The rationale for adding domestic partner benefits;
- The benefits available for domestic partners;
- The requirements for receiving domestic partner benefits;
- The tax consequences of receiving domestic partner benefits; and
- The consequences of enrolling ineligible individuals.

Information on the domestic partner benefit can be included in any of the following:

- New hire orientation materials
- Open enrollment materials
- Enrollment forms
- Employee education programs and websites
- Employee benefit statements
- Employee newsletters
- Benefit confirmation statements
- Total compensation statements
- Employee communication sites
- Employee satisfaction surveys

After implementation, the ongoing administration of the program should be monitored and resources should be made available for employees to ask questions or get more information. Providing a comprehensive overview of the program and taking the time to answer questions or help employees navigate the requirements will help ensure a successful program.
COMPLIANCE

Taxation of Domestic Partner Health Benefits

**Federal Taxation:** Under the Internal Revenue Code, the fair market value of a domestic partner’s health coverage, minus any post-tax contributions made by the employee, is included in the employee’s gross income. The imputed income is subject to federal income tax withholding as well as FICA and FUTA.

**State Taxation:** State tax treatment of domestic partner benefits varies by state. Some states treat the value of employer-provided health coverage for domestic partners as income on the same basis as the federal government. Others allow for the exclusion of employer-provided health benefits on the same basis as a legal spouse.

**Tax Dependent Status:** If a domestic partner qualifies as the employee’s tax dependent for group health plan purposes, the value of the domestic partner’s health coverage will not be treated as income and will not be reported on the employee’s Form W-2. Any contributions made by the employee towards the domestic partner’s coverage can be made on a pre-tax basis through a Section 125 cafeteria plan. In addition, unreimbursed medical expenses incurred by a domestic partner who is a tax dependent may be claimed for reimbursement under a health FSA, health reimbursement arrangement (“HRA”) or a Health Savings Account (“HSA”).

A domestic partner will be a tax dependent for group health plan coverage purposes if all the following criteria are met:

- The domestic partner must, for the entire tax year, have the same principal place of abode as the taxpayer and be a member of the taxpayer’s household.
- The living arrangement of the employee and domestic partner must not violate local law.
- The domestic partner must be a U.S. citizen or national or a resident of the US, Canada or Mexico.
- The domestic partner must not be claimed as a qualifying child of the employee or any other taxpayer.
- The domestic partner must have received over half of their support from the taxpayer.

Employers should have employees certify in writing that their domestic partners are tax dependents. Because employees can't know in advance whether a domestic partner will be a tax dependent for the coming year, many employers automatically impute the value of the coverage on a monthly basis then request a tax dependent certification at the end of the year. If the domestic partner was a tax dependent for that year, then the Form W-2 is revised so it doesn’t reflect the additional income.

**Children of a Domestic Partner**

The same principles for the taxation of domestic partner coverage described above apply to a domestic partner’s children though it is unlikely a domestic partner’s child will qualify as an employee’s tax dependent. In most cases, a child will be a qualifying child of another person – such as the domestic partner – and will therefore not qualify as the employee’s qualified child. Thus, the fair market value of a domestic partner’s child’s coverage will in most cases also be included the employee’s gross income.

According to the IRS, if a registered domestic partner is the stepparent of his or her partner’s child under the laws of the state in which the partners reside, then the registered domestic partner is the stepparent of the child for federal income tax purposes. This is significant because the Internal Revenue Code defines “child” to include stepchildren for federal tax purposes. Therefore, it appears that the children of registered domestic partners who are deemed to be the employees’ stepchildren under state law will qualify for tax-free health coverage as the employees’ “children,” until the end of the calendar year in which they turn 26.

**Determining the Fair Market Value of Domestic Partner Coverage**

The Internal Revenue Code does not provide a specific method for calculating the value of domestic partner health coverage and the IRS has not officially endorsed a particular method. As a result, employers have adopted various approaches to calculating the monthly value of domestic partner coverage including:
• COBRA Rates – The COBRA rates for employee-only coverage, employee + one, employee + two, employee + family are used with the domestic partner rate based on the employee cost and coverage for children added accordingly.

• Incremental Cost – The additional cost of adding an individual to the coverage (e.g. the difference in cost between employee-only coverage and employee + 1 coverage, etc.). However, the incremental cost can never be zero.

• Actuarial – The value is determined by an actuary based on actual plan costs, demographics, and trend.

Regardless of the method chosen for determining the fair market value, any amount the employee pays toward the domestic partner’s coverage on a post-tax basis can be subtracted from the fair market value to arrive at the amount that should be included in the employee’s income.

Cafeteria Plans

Pre-tax payments under a Section 125 cafeteria plan generally only apply for the following:

• the employee;
• the employee’s spouse;
• the employee’s dependent children as defined under Section 152; or
• Any other individual who meets the definition of a dependent under Section 152.

Therefore, the employee’s contributions towards domestic partner coverage generally must be made on a post-tax basis outside the cafeteria plan unless the domestic partner is a tax dependent of the employee.

NOTE: The proposed cafeteria plan regulations (issued 8/6/07) permit an employee to pay for domestic partner coverage on a pre-tax basis under a cafeteria plan, whether or not the domestic partner is a Section 152 dependent of the employee (presumably to simplify plan administration). However, if the domestic partner is not a Section 152 dependent of the employee, the employer will still need to calculate the fair market value of the coverage and include it in the employee's gross income.

For example, say that the annual fair market value of coverage for domestic partner (does not include employee cost) = $4,000

• Employee contribution for domestic partner coverage = $1,000
• Employer contribution = $3,000 ($4,000-$1,000)

Option 1 - Employee pays $1,000 post-tax, and $3,000 employer contribution included on W-2 as gross income

OR

Option 2 - Employee pays $1,000 pre-tax, and $4,000 total cost of coverage included on W-2 as gross income

If the domestic partner has children, the dependent coverage can also be included under the cafeteria plan but the same tax issues as described above apply.

Change in Status Events

Employees are permitted to make mid-year cafeteria plan election changes if they experience certain change in status events. This includes a change in the employee’s legal marital status. But because a domestic partnership is not a “marriage,” and domestic partnership “divorces” do not exist, a new domestic partnership or the dissolution of a domestic partnership generally will not be a change in status event for purposes of a cafeteria plan.

However, if a new domestic partner is a tax dependent of the employee, the employee is permitted to make a mid-year election change to add coverage on a pretax basis due to the addition of the newly eligible dependent.
Conversely, if there is dissolution of the domestic partnership where the domestic partner was the employee’s tax dependent, the employee can be allowed to make a mid-year election change to drop domestic partner coverage.

COBRA

COBRA requires an employer to offer qualified beneficiaries – a covered employee, an employee’s spouse, and an employee’s dependent children - the opportunity to continue their group health coverage under the employer’s plan upon the occurrence of certain events that otherwise would cause them to lose their employment-related health plan coverage.

Because domestic partners are not spouses under Federal law, they are not qualified beneficiaries upon the occurrence of a COBRA qualifying event. Therefore, the employer is not required to offer COBRA to domestic partners due to such events as dissolution of the partnership or the employee’s death nor is the domestic partners entitled to the same rights available to qualified beneficiaries such as independent election rights.

However, if an employee in a domestic partnership experiences a COBRA qualifying event that is a termination of employment or a reduction in hours, the employee must be allowed to elect COBRA coverage that is identical to the coverage that was in effect on the day before the qualifying event, including coverage for the domestic partner even though the domestic partner would not be a qualified beneficiary in their own right.

In cases where active employees are permitted to add a new domestic partner to coverage or add a domestic partner at open enrollment, arguably COBRA qualified beneficiaries must be permitted to enroll their domestic partners under the same circumstances. Domestic partners added under these circumstances do not become qualified beneficiaries themselves and are not entitled to independent election rights.

Many employers offer domestic partner coverage as a matter of fairness and equality. Therefore, they also decide to offer continuation of coverage to domestic partners upon the occurrence of a qualifying event such as the death of the employee or the termination of the partnership even though they are not required by law to do so. In these cases, the employer can establish continuation coverage rules for domestic partners that either mirror the COBRA rules to ease administration or they can be customized according to the employer’s own preferences.

Employers who wish to provide continuation coverage to domestic partners should negotiate with their carriers (also see State Continuation Laws below) or stop loss carriers to ensure the carrier’s willingness to provide the coverage.

Children of Domestic Partners

COBRA does not define the term “dependent children,” so the plan must rely on its own definition of the employee’s dependents to determine who is a qualified beneficiary. If a group health plan provides coverage to a domestic partner’s children as dependents of the employee, then those children will be COBRA qualified beneficiaries and will have independent election rights.

State Continuation Laws

Some states (e.g., California) require insurers to cover domestic partners on the same basis they cover legal spouses, including providing continuation coverage. If coverage is provided to domestic partners under an insured plan, employers should contact their carrier(s) for guidance on the carrier’s obligation to provide continuation coverage to domestic partners under state law.

HIPAA

HIPAA requires group health plans to provide certain protections to plan participants in several areas including nondiscrimination, creditable coverage, special enrollments, and privacy. These protections generally apply to covered domestic partners the same as they would apply to any other covered individual with one notable exception as discussed below.
Special Enrollments

Under the rules for special enrollments, there are three situations where an individual is entitled to a special enrollment:

1) Loss of other coverage – If an individual has waived group health coverage due to other coverage (e.g., under their own employer) and experiences an involuntary loss of that other coverage; and
2) Acquisition of a new spouse or dependent(s) through marriage, birth, adoption, or placement for adoption.
3) SCHIP - For employees or dependents that either lose SCHIP coverage, or become eligible for state premium assistance for purchasing coverage under a group health plan.

If a domestic partner experiences a loss of other coverage, and the plan’s definition of dependent includes domestic partners, then the domestic partner is entitled to a HIPAA special enrollment provided all other criteria for a special enrollment are met.

Similarly, if a domestic partner experiences a loss of SCHIP coverage or becomes eligible for state premium assistance, and the plan’s definition of dependent includes domestic partners, then the domestic partner is entitled to a HIPAA special enrollment provided all other criteria for a special enrollment are met.

Because a domestic partner cannot be acquired through marriage (under Federal law), the acquisition of a new domestic partner (or the domestic partner’s children) does not give rise to a HIPAA special enrollment opportunity. However, if a domestic partner acquires a new dependent child through birth or adoption, a special enrollment would apply if dependent children of domestic partners are eligible for plan coverage.

Medicare Secondary Payer

There are special rules for applying the Medicare secondary payer law to domestic partners. How Medicare is coordinated with group health plan coverage will generally depend on the basis for Medicare entitlement and the number of employees employed by the employer.

- **Age-based Medicare entitlement** - Medicare is the primary payer for domestic partners with group health insurance coverage if the domestic partner is entitled to Medicare on the basis of age and has group health plan coverage based on the current employment status of his/her partner.
- **Disability-based Medicare entitlement** - Medicare is the secondary payer when the employer has 100 or more employees and the domestic partner is entitled to Medicare on the basis of a disability and covered by a large group health plan on the basis of his/her own current employment status or that of a family member (a domestic partner is considered a family member).
- **End Stage Renal Disease based Entitlement** - Medicare is the secondary payer for a 30-month coordination period regardless of the size of the employer and where the domestic partner is eligible for Medicare on the basis of end stage renal disease (ESRD) and is covered by a group health plan on any basis.

Voluntary Employee Benefit Association (VEBA)

Some employers provide health benefits by establishing a tax-exempt trust to pay the benefits. This trust is called a VEBA. The employer may deduct its contributions to a VEBA to pay for the current costs of providing benefits and can, within certain limits, accumulate reserves that are used to pay estimated future costs. In addition, an employer may fund reserves in a VEBA to pay incurred but unreported or unpaid claims and retiree benefits.

The income tax exemption extends to VEBAs that provide health benefits to the VEBA’s members (i.e., the employee) and the employee’s dependents. “Dependent” is defined as the member’s spouse; any child of the member or the member’s spouse who is a minor or a student; a child who has not attained the age of 27 by the end of the calendar year; any other minor child residing with the member; or any other person who is a tax dependent of the employee.
Therefore, unless the domestic partner is a tax dependent of the employee, providing coverage for domestic partners through a VEBA would constitute non qualifying benefits which would cause the VEBA to lose its tax exempt status. However, the IRA has ruled in several cases that providing otherwise unallowable health benefits to domestic partners will not cause a VEBA to lose its exempt status if the provision of such benefits is a “de minimis” amount of the total benefits provided under the VEBA. In one ruling, the IRS deemed 3% of annual costs to be a “de minimis” amount.
## State Laws

Several states have laws authorizing domestic partnerships and/or civil unions including:

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<tr>
<th>Civil Unions</th>
<th>Domestic Partnerships</th>
<th>Recognition of Those Performed Out-of-State</th>
<th>Tax Treatment of the Cost of Benefits</th>
</tr>
</thead>
<tbody>
<tr>
<td>California</td>
<td>No</td>
<td>Yes</td>
<td>Civil unions and domestic partnerships recognized as marriages.</td>
</tr>
<tr>
<td>Colorado</td>
<td>Yes</td>
<td>No</td>
<td>Civil unions and domestic partnerships recognized as civil unions.</td>
</tr>
<tr>
<td>Delaware</td>
<td>No</td>
<td>No</td>
<td>Civil unions and domestic partnerships recognized as marriages.</td>
</tr>
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<td>District of Columbia</td>
<td>No</td>
<td>Yes</td>
<td>Civil unions and domestic partnerships recognized as domestic partnerships.</td>
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<tr>
<td>Hawaii</td>
<td>Yes</td>
<td>No</td>
<td>Civil unions and domestic partnerships recognized as civil unions.</td>
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<tr>
<td>Illinois</td>
<td>Yes</td>
<td>No</td>
<td>Civil unions and domestic partnerships recognized as civil unions.</td>
</tr>
<tr>
<td>Maine</td>
<td>No</td>
<td>Yes</td>
<td>Domestic partnerships recognized as domestic partnerships.</td>
</tr>
<tr>
<td>Massachusetts</td>
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<td>No</td>
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</tr>
<tr>
<td>Nevada</td>
<td>No</td>
<td>Yes</td>
<td>Civil unions and domestic partnerships recognized as domestic partnerships.</td>
</tr>
<tr>
<td>New Hampshire</td>
<td>No</td>
<td>No</td>
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<tr>
<td>New Jersey</td>
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<td>No</td>
<td>Civil unions recognized as civil unions.</td>
</tr>
<tr>
<td>Oregon</td>
<td>No</td>
<td>Yes</td>
<td>No, marriage only.</td>
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<td>Rhode Island</td>
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<td>Vermont</td>
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</tr>
<tr>
<td>Washington</td>
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<td>Yes</td>
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### Civil Unions

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<td>Wisconsin</td>
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<td>Yes</td>
<td>No, marriage only.</td>
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<td></td>
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<td>If a domestic partner does not qualify as a dependent, the cost of employer-provided health insurance for the domestic partner is added to the employee's income.</td>
</tr>
</tbody>
</table>

Some of the above states require all public employers to offer domestic partner benefits. In most of these states, insurers are required to make domestic partner coverage available.
<table>
<thead>
<tr>
<th>Policy Provisions</th>
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<tbody>
<tr>
<td>1. Defining a domestic partner</td>
</tr>
<tr>
<td>□ Same-sex only</td>
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<tr>
<td>□ Opposite-sex only</td>
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<tr>
<td>□ Same-sex and Opposite-sex</td>
</tr>
<tr>
<td>2. Defining the domestic partnership – Chose which will apply</td>
</tr>
<tr>
<td>□ Committed, exclusive relationship</td>
</tr>
<tr>
<td>□ Share the same principal residence</td>
</tr>
<tr>
<td>□ Financially interdependent</td>
</tr>
<tr>
<td>□ Not married to any other person</td>
</tr>
<tr>
<td>□ 18 years of age or older</td>
</tr>
<tr>
<td>□ Not related to each other</td>
</tr>
<tr>
<td>□ Intention for long-term relationship</td>
</tr>
<tr>
<td>□ Registered with the state or local agency (if applicable)</td>
</tr>
<tr>
<td>□ Other</td>
</tr>
<tr>
<td>3. Domestic partner children - Eligibility</td>
</tr>
<tr>
<td>□ Yes</td>
</tr>
<tr>
<td>□ No</td>
</tr>
<tr>
<td>4. Defining eligible children</td>
</tr>
<tr>
<td>□ Age limits same as current</td>
</tr>
<tr>
<td>□ Other</td>
</tr>
<tr>
<td>5. Require certification of domestic partnership</td>
</tr>
<tr>
<td>□ Yes</td>
</tr>
<tr>
<td>□ No</td>
</tr>
<tr>
<td>6. Require proof of government registration where available</td>
</tr>
<tr>
<td>□ Yes</td>
</tr>
<tr>
<td>□ No</td>
</tr>
<tr>
<td>7. Require joint financial statements (e.g., rent, mortgage, banking, utilities)</td>
</tr>
<tr>
<td>□ Yes</td>
</tr>
<tr>
<td>□ No</td>
</tr>
<tr>
<td>8. Require certification of domestic partner’s or domestic partner’s children’s tax status</td>
</tr>
<tr>
<td>□ Yes</td>
</tr>
<tr>
<td>□ No</td>
</tr>
<tr>
<td>9. Benefits</td>
</tr>
<tr>
<td>□ Medical/Rx</td>
</tr>
<tr>
<td>□ Dental</td>
</tr>
<tr>
<td>□ Vision</td>
</tr>
<tr>
<td>□ Health or dependent care FSA (if tax dependent)</td>
</tr>
<tr>
<td>□ HRA (if tax dependent)</td>
</tr>
<tr>
<td>10. Termination of Relationship</td>
</tr>
<tr>
<td>□ Date of event</td>
</tr>
<tr>
<td>□ End of month</td>
</tr>
<tr>
<td>11. Require certification of termination of relationship</td>
</tr>
<tr>
<td>□ Yes</td>
</tr>
<tr>
<td>□ No</td>
</tr>
<tr>
<td>12. Employee contributions/Cafeteria plan/Payroll</td>
</tr>
<tr>
<td>□ Post tax only</td>
</tr>
<tr>
<td>□ Pre-tax only with certification of tax dependent status</td>
</tr>
<tr>
<td>□ Pre-tax for non-tax dependents with full market value imputed</td>
</tr>
</tbody>
</table>
### Policy Provisions

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
</table>
| 13. Fair market value | ☐ COBRA rates  
|   | ☐ Actuarial |
| 14. COBRA-like Continuation | ☐ Yes  
|   | ☐ No |
| 15. COBRA-like coverage | ☐ Same as for qualified beneficiaries  
|   | ☐ Other |
| 16. State continuation applies | ☐ Yes  
|   | ☐ No |

### To Do

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
</table>
| 1. Get insurer/stop loss insurer approval for coverage | ☐ Yes  
|   | ☐ No |
| 2. Create/update enrollment form (or use insurer forms) | ☐ Yes  
|   | ☐ No |
| 3. Plan document amendment | ☐ Yes  
|   | ☐ No |
| 4. Summary of Material Modification (SMM) updated SPD or certificates | ☐ Yes  
|   | ☐ No |
| 5. SMM distributed | ☐ Yes  
|   | ☐ No |
| 6. Payroll department/vendor notified | ☐ Yes  
|   | ☐ No |
| 7. COBRA notices updated/revised | ☐ Yes  
|   | ☐ No |
| 8. Communications | ☐ Introduction  
|   | ☐ Open enrollment newsletter  
|   | ☐ Employee newsletter  
|   | ☐ Employee communication/enrollment sites  
|   | ☐ New hire materials  
|   | ☐ Other |

Reviewed by: _______________________________ Date: _______________

**SAMPLE FORMS AND DOCUMENTS**

All the sample forms in this section and the Sample Employee FAQ document are attached to this document as separate files in customizable Word format. If you plan to use the Sample Forms provided in this Section please follow the instructions given here.
Please remember that as your insurance consultant, we have prepared these forms to give you an illustrative sample of the notices you should consider when implementing domestic partner benefits. Although we do our best, we do not make any representations or warranties, express or implied, that these sample documents, when used in your specific factual situation, meet applicable legal requirements or agree with your interpretation or your insurer’s interpretation of domestic partner coverage.

Permission to Use

These are samples. They should not be used “as is.” Each form requires that you fill in the blanks, review the language to make sure it meets your needs, and fit the form to your particular circumstances. As a client of ours, you are given the right to use these forms, once modified, to administer domestic partner benefits for your employees. Permission is not granted to use these forms for other employers for a fee or as part of administrative services for others.

Headers and Footers

We receive many calls from employees who think the notices they received came from us because of the copyright notice on the bottom of the page. Please remove the header and footer on each page of the notices as part of your overall review prior to using them in practice.

Stay up to Date

These forms are updated on a regular basis for changes in laws, regulations and court interpretations. It is your responsibility to make sure you have the most current version of the documents.
Sample Certification of Domestic Partnership

Employee Information

Name: 
Address: 
Social Security Number: 

Domestic Partner Information

Name: 
Address: 
Social Security Number: 

We, the above parties, hereby declare that we are Domestic Partners and further declare that we meet the following criteria of Domestic Partnership:

[Delete any that don’t apply or add any additional requirements]

1) We have been living in a committed exclusive relationship of mutual caring and support for a period of at least [enter period (e.g., 6 months, one year)].
2) We have shared the same principal residence for at least [enter period (e.g., 6 months, one year)] prior to enrollment.
3) We intend for the Domestic Partnership to be permanent.
4) We are financially interdependent such that we are jointly responsible for the common welfare and financial obligations of the household, or the non-employee Domestic Partner is chiefly dependent upon the employee for care and financial assistance.
5) Neither of us is legally married to any other individual, and if previously married, a legal divorce or annulment has been obtained or the former spouse is deceased.
6) We are mentally competent to enter into a contract according to the laws of the State in which we reside.
7) We are 18 years of age or older and are old enough to enter into marriage according to the laws of the State in which we reside.
8) We do not have a blood relationship that would bar marriage under applicable laws of the State in which we reside, if we otherwise satisfied all other applicable marriage requirements of such State.
9) We are not in this relationship solely for the purpose of obtaining benefits.
10) We have attached verification of the status of the domestic partnership by providing to the plan a copy, if available, of a valid Declaration of Domestic Partnership filed with the State or an equivalent document issued by a local agency of this state, another state, or a local agency of another state under which the partnership was created.

We understand that:

1) Domestic Partner benefits under the [enter name of plan] may have federal and, possibly state tax consequences.
2) If the Domestic Partnership no longer meets all of the criteria attested to in this Certification, we must file a Statement of Termination of Domestic Partnership with [enter name of person or department] within thirty one (31) days of such change.
3) If we intentionally misrepresent a material fact in this Certification or submit fraudulent benefit claims, or fail to notify the Company of any termination of our Domestic Partnership, the Company may:

4) Terminate the employee and/or domestic partner’s benefit;

5) Recover any benefits improperly paid;

6) Initiate disciplinary action which may include termination of the employee’s employment.

7) Any person/employer/company who suffers any loss due to any false statement contained in the documents provided as part of this Certification, any fraudulent benefit claims, or failure to notify the Company as described above, may bring a civil action against either or both of us to recover their losses, including reasonable attorney’s fees.

8) The filing of this Certification may have other legal and/or financial consequences, including the fact that it may be regarded as a factor leading a court to treat the relationship as the equivalent of marriage for purposes of establishing and dividing community property, assigning community debt, and for the payment of support.

Acknowledgments:

1) We certify that any and all representations that we have made and information that we have provided as part of this Certification as evidence of our Domestic Partnership are true and accurate and that any documents attached hereto or provided to [enter name of employer] upon request are authentic.

2) We agree to indemnify, jointly and severally, the company for any expenses or liabilities they incur as a result of any misrepresentations or inaccuracies, whether made knowingly or unknowingly, in this Certification or in any of the information concerning our Domestic Partnership provided with Certification.

3) We have provided the information in this Certification for use by [enter name of plan] for the purpose of determining our eligibility for Domestic Partner benefits.

4) We have been advised to consult with an attorney regarding the possibility that the filing of this Declaration may have other legal and/or financial consequences, including the fact that it may, in the event of the termination of the domestic partnership, be regarded as a factor leading a court to treat the relationship as the equivalent of marriage for purposes of establishing and dividing community property, assigning community debt, and for the payment of support.

5) We affirm, under penalties of perjury, that the assertions in this Affidavit are true and correct to the best of our knowledge and belief.

__________________________________  _____________________
Employee Signature      Date

__________________________________  _____________________
Domestic Partner’s Signature    Date
Sample Certification of Termination of Domestic Partnership

I, ______________________, submit this Certification of Termination of Domestic Partnership in order to cancel (Name of Employee) the Certification of Domestic Partnership previously filed with respect to ___________________________ (Name of Domestic Partner).

I wish to cancel the Certification for the following reason:

☐ The relationship ended on ___________.
   (Date)

☐ My domestic partner died on ___________.
   (Date)

I understand that the effect of filing this Certification of Termination of Domestic Partnership is that my domestic partner and his or her child(ren), if any, will no longer be covered under the [enter name of employer] Benefits Program.

In the event that termination of this relationship is not due to the death of my domestic partner, I will mail my former domestic partner a copy of this notice within 30 days at the following address:

Domestic Partner Name: _____________________________________

Domestic Partner’s Address: _____________________________________

_____________________________________

Employee Signature: ______________________________________

Date: __________

Please keep a copy of this form for your records.
Taxation of Domestic Partner Benefits

Under the Internal Revenue Code, if your domestic partner does not qualify as your tax dependent, the fair market value of your domestic partner’s health coverage, minus any post-tax contributions made by you, will be included in your gross income and subject to federal tax including Social Security and federal income tax withholdings, as well as being reported as taxable earnings on your Form W-2. State tax treatment of domestic partner benefits varies by state. Your gross income for state tax purposes will be adjusted accordingly based on the state in which you reside.

In addition, health expenses for a domestic partner or a domestic partner’s child(ren) who is not your tax dependent will not be eligible for reimbursement under a health care flexible spending account (FSA).

Tax Dependent Status

If your domestic partner qualifies as your tax dependent for group health plan purposes, the value of your domestic partner’s health coverage will not be treated as income and will not be reported on your Form W-2. Any contributions made by you towards your domestic partner’s coverage can be made on a pre-tax basis through our §125 cafeteria plan. In addition, unreimbursed health expenses incurred by your domestic partner may be claimed for reimbursement under a health FSA.

A domestic partner will be your tax dependent for group health plan coverage purposes if all the following criteria are met:

- Your domestic partner must, for the entire tax year, have the same principal place of abode as you and be a member of your household.
- The living arrangement of you and your domestic partner must not violate local law.
- Your domestic partner must be a U.S. citizen or national or a resident of the US, Canada or Mexico.
- Your domestic partner must not be claimed as a qualifying child of you or any other taxpayer.
- Your domestic partner must have received over half of their support from you.

To assist you in making this determination, we have provided you with a flowchart entitled Claiming your Domestic Partner as a Tax Dependent for Group Health Plan Purposes and a Worksheet for Determining Financial Support.

If you enroll your domestic partner, you will be required to complete and sign a Certification of Domestic Partner Tax Status annually.

(Note: The criteria above for a tax dependent for group health plan purposes is not the same as the criteria for determining a tax dependent for federal or state income taxes. Please contact your tax advisor for more information on who can be claimed as a tax dependent on your tax filings.)

Children of Your Domestic Partner

Coverage is also available for your domestic partner’s children though it is unlikely a domestic partner’s child will qualify as your tax dependent. Therefore, the fair market value of the child’s coverage will also be included in your gross income.

Please contact us if you believe your domestic partner’s child may qualify as your tax dependent for health coverage purposes.
Sample Certification of Domestic Partner Tax Status

I, ____________________, have completed a Certification of Domestic Partnership and swear that ____________________ is my qualified domestic partner.

I understand that my employer has a legitimate need to know the federal tax status of my relationship. I understand that a domestic partner is considered an Internal Revenue Code §152 dependent for group health plan purposes only if each of the following requirements is met:

1) My domestic partner and I must, for the entire calendar year, have the same principal place of abode and my domestic partner is a member of my household for that calendar year.

2) Our living arrangement does not violate local law.

3) My domestic partner is a U.S. citizen or national or a resident of the U.S., Canada or Mexico.

4) My domestic partner is not claimed as a qualifying child of any other taxpayer.

5) I provided over half of my domestic partner’s support for the calendar year (see the attached Worksheet for Determining Financial Support).

If you need additional assistance in this determination, we recommend that you consult with your tax or legal advisor regarding your specific circumstances.

Please check one of the following boxes:

☐ Yes, my domestic partner is my Internal Revenue Code §152 dependent for the 20__ calendar year.

☐ No, my domestic partner is not my Internal Revenue Code §152 dependent for the 20__ calendar year. I understand that my domestic partner cannot be treated as my tax dependent for the group health plan. Therefore, the fair market value of my domestic partner coverage minus any after-tax contributions made by me will be included in my taxable gross income.

I certify that the information I have provided above is true, complete and correct. I must notify [enter name of person or department] within 31 days if there is a change in my domestic partnership or the tax status of my domestic partner. Any change in the tax status of my domestic partner may directly impact the calculation of my taxable income.

In addition, I understand that knowingly providing false or misleading tax information for the purposes of defrauding my employer or the Internal Revenue Service is a crime, and can result in fines, loss of benefits, and/or loss of my job.

___________________________________  __________________
Employee’s Signature     Date
CLAIMING YOUR DOMESTIC PARTNER AS A TAX DEPENDENT FOR GROUP HEALTH PLAN PURPOSES

If your domestic partner cannot be claimed as your dependent for the group health plan, the fair market value of the domestic partner coverage minus any after-tax contributions made by you will be included in your gross income.
**WORKSHEET FOR DETERMINING FINANCIAL SUPPORT**
*(Based on IRS Publication 501)*

### Funds Belonging to your Domestic Partner

<table>
<thead>
<tr>
<th></th>
<th>Description</th>
<th>Amount ($)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Total funds received by your domestic partner, including taxable and nontaxable income and amounts borrowed during the year</td>
<td>$</td>
</tr>
<tr>
<td>2</td>
<td>Amount from Line 1 that was used for your domestic partner’s own support including food, lodging, clothing, education, medical and dental care not reimbursed by insurance, travel, recreation, transportation, etc.</td>
<td>$</td>
</tr>
<tr>
<td>3</td>
<td>Amount of income used for other purposes (e.g., savings, investing, etc.)</td>
<td>$</td>
</tr>
<tr>
<td>4</td>
<td>Add lines 2 and 3 (this amount should equal line 1)</td>
<td>$</td>
</tr>
</tbody>
</table>

### Yearly Expenses for Entire Household (where the domestic partner you supported lived)

<table>
<thead>
<tr>
<th></th>
<th>Description</th>
<th>Amount ($)</th>
</tr>
</thead>
<tbody>
<tr>
<td>5</td>
<td>Lodging (complete either a or b)</td>
<td>$</td>
</tr>
<tr>
<td>5a</td>
<td>Enter the total annual rent paid</td>
<td>$</td>
</tr>
<tr>
<td>5b</td>
<td>If you own the home, enter the annual fair rental value of your home. If your domestic partner owned the home, include this amount on Line 19</td>
<td>$</td>
</tr>
<tr>
<td>6</td>
<td>Enter the total annual food expenses of the household</td>
<td>$</td>
</tr>
<tr>
<td>7</td>
<td>Enter the total annual amount of utilities (heat, light, water, etc. not included in Line 6)</td>
<td>$</td>
</tr>
<tr>
<td>8</td>
<td>Enter the total annual amount of repairs to the home</td>
<td>$</td>
</tr>
<tr>
<td>9</td>
<td>Enter the total of other expenses. Do not include expenses of maintaining the home such as mortgage interest, real estate taxes, and insurance</td>
<td>$</td>
</tr>
<tr>
<td>10</td>
<td>Add lines 5a through 9. These are total household expenses</td>
<td>$</td>
</tr>
<tr>
<td>11</td>
<td>Enter the total number of persons who lived in the household</td>
<td></td>
</tr>
</tbody>
</table>

### Expenses for Your Domestic Partner

<table>
<thead>
<tr>
<th></th>
<th>Description</th>
<th>Amount ($)</th>
</tr>
</thead>
<tbody>
<tr>
<td>12</td>
<td>Divide Line 10 by Line 11. This is your domestic partner’s share of the household expenses</td>
<td>$</td>
</tr>
<tr>
<td>13</td>
<td>Enter your domestic partner’s total clothing expenses</td>
<td>$</td>
</tr>
<tr>
<td>14</td>
<td>Enter your domestic partner’s total education expenses</td>
<td>$</td>
</tr>
<tr>
<td>15</td>
<td>Enter your domestic partner’s total medical and dental expenses not paid for or reimbursed by insurance</td>
<td>$</td>
</tr>
<tr>
<td>16</td>
<td>Enter your domestic partner’s total travel and recreation expenses</td>
<td>$</td>
</tr>
<tr>
<td>17</td>
<td>Enter your domestic partner’s other expenses</td>
<td>$</td>
</tr>
<tr>
<td>18</td>
<td>Add lines 12 through 17. This is the total cost of your domestic partner’s support for the year</td>
<td>$</td>
</tr>
</tbody>
</table>

### Did You Provide More than Half of Your Domestic Partner’s Support?

<table>
<thead>
<tr>
<th></th>
<th>Description</th>
<th>Amount ($)</th>
</tr>
</thead>
<tbody>
<tr>
<td>19</td>
<td>Amount your domestic partner provided for his/her own support (Line 2, plus Line 5b if your domestic partner owned the home)</td>
<td>$</td>
</tr>
<tr>
<td>20</td>
<td>Amount that others contributed to your domestic partner’s support. Include amounts provided by state, local and other welfare agencies or societies. Do not include amounts included on Line 1</td>
<td>$</td>
</tr>
<tr>
<td>21</td>
<td>Amount you provided for your domestic partner’s support – Line 18 minus Lines 19 and 20</td>
<td>$</td>
</tr>
<tr>
<td>22</td>
<td>50% of Line 18</td>
<td>$</td>
</tr>
</tbody>
</table>

Is Line 21 more than Line 22?

- [ ] Yes. Your domestic partner meets the support test
- [ ] No. Your domestic partner does not meet the support test
EMPLOYEE FAQs

[Text in red must be customized to the employer’s situation]

1. What is domestic partner coverage?

Qualified domestic partner health coverage allows employees to enroll their domestic partners for Health Plan coverage.

The rules regarding coverage of domestic partners are similar to the rules that apply to other dependents of employees, although there are several important distinctions which are briefly addressed below.

2. Do my partner and I qualify as domestic partners under the health plan?

A domestic partnership, for purposes of coverage under our Health Plan, is:

[Explain criteria for qualification]

Example 1: A committed same-sex relationship that has been in existence at least 6 months. A domestic partnership must include financial interdependence (e.g., a joint checking account) and intent by both partners that the relationship be permanent. You are not domestic partners if either you or your partner are under 19 years old, has a spouse or other domestic partner, or if you are related by blood closer than the law would permit for marriage.

Example 2: You and your domestic partner [Include all that apply]

• Must be in an exclusive, committed relationship of at least six months’ duration;
• Must intend the relationship to be of an unlimited duration;
• Must share the same principal residence for at least six months prior to enrollment;
• Cannot currently be in a domestic partnership, civil union or marriage with a different person;
• Must agree to be mutually responsible both legally and fiscally for each other and share financial responsibilities such as jointly-owned property or bank accounts;
• Must be registered as a domestic partnership, civil union, or marry if any of those options are available (or become available) under local law; and
• Must not be related to each other.

3. How do we prove our domestic status to the health plan?

[Explain documentation requirements]

Example: Both the employee and the domestic partner must sign the Plan’s Affidavit of Domestic Partnership. Also, you must provide proof of your financial commitment such as joint banking or other joint financial statements.

After your domestic partner has been approved for coverage, the Health Plan will send annual statements asking you to verify that your relationship still exists.

4. How much will I have to pay for my domestic partner’s coverage?

Contributions will be required at the same basis as contributions are required for employee’s opposite-sex spouses.

If your partner is not your Internal Revenue Code Section 152 tax dependent, the value of health coverage provided by the Health Plan is considered wages for federal and/or state tax purposes and will be included in your income.

If you claim your domestic partner as your Internal Revenue Code Section 152 tax dependent, the value of health coverage provided by the Health Plan will not be considered wages for tax purposes. If you claim your domestic partner as a tax dependent, you must complete Worksheet for Determining Financial Support and the Certification of Domestic Partner Tax Status forms.
5. What information and forms must be completed before coverage can begin?

In order for coverage to start, Human Resources must receive all of the following:

- Signed Certification of Domestic Partnership
- Certification of Domestic Partner Tax Status
- Worksheet for Determining Financial Support (if applicable)
- Completed Enrollment Form
- Copy of a valid Declaration of Domestic Partnership filed with a State or local agency, another state, or a local agency of another state under which the partnership was established (if applicable)
- Other (list other items such as proof of financial commitment)

6. When will coverage begin?

Coverage for your domestic partner will be effective the first of the month following the receipt and review by the Human Resources of all the necessary forms.

7. What health coverage is available for my domestic partner?

Coverage is the same as coverage provided for a dependent of any employee. However, there are the following differences [Note any differences]:

Example:

- Coverage is not available for your domestic partner’s children.
- Your domestic partner does not have an independent right to continue Health Plan benefits after a COBRA qualifying event that is a termination of employment or a reduction in work hours.
- FSA reimbursement is not available unless your domestic partner is also your Internal Revenue Code Section 152 tax dependent.

8. What health coverage is available for my domestic partner’s children?

Coverage [is/is not] available for children of your domestic partner.

Example: Coverage for your domestic partner’s children is available on the same terms and condition as coverage provided for a dependent of any Participant. However, the value of coverage will be taxable to you unless the children qualify as your Internal Revenue Code Section 152 tax dependents.

9. What happens to my domestic partner’s coverage if I lose coverage? Is COBRA coverage available for my domestic partner?

If you lose group health plan coverage due to a termination of employment or a reduction in work hours, you will be able to continue your domestic partner’s coverage if you elect COBRA. However, because a domestic partner does not have independent rights to elect COBRA coverage under federal law, if your domestic partnership is terminated, continuation coverage will be offered for a maximum of [18, 36] months. THIS COVERAGE IS NOT COBRA COVERAGE. THE COMPANY RETAINS THE RIGHT TO MODIFY OR DISCONTINUE THIS BENEFIT AT ANY TIME.

If your domestic partner’s children lose their dependent status under the terms of the plan (e.g. aging out of the plan, termination of the domestic partnership), COBRA coverage will be offered.

10. Is health coverage extended for my domestic partner in the event of my death?

If you die, coverage will continue until the end of the month in which you die.

Continuation coverage [will/will not] be extended to your domestic partner.

Example: Continuation coverage will be offered for a maximum of [18, 36] months at 102% of the applicable premium.
11. What happens upon termination of the domestic partnership?

As stated in the Certificate of Domestic Partnership, you must file a Certificate of Termination of Domestic Partnership with the [Human Resources Department] within [30] days of the termination of the partnership. Coverage will continue until the [end of the month] in which the partnership is terminated.

Continuation coverage [will/will not] be extended to your domestic partner.

Example: Continuation coverage will be offered for a maximum of [18, 36] months at 102% of the applicable premium.

12. If my previous partnership terminates, may I enroll a new domestic partner?

Yes, but the second domestic partnership must have been in existence at least 6 months since the termination of the last relationship. The date that is entered on the Certificate of Termination of Domestic Partnership will be used as the termination date for determining eligibility of a subsequent domestic partner.

Also, any subsequent relationship must satisfy all of the requirements of a domestic partnership including the documentation verifying financial interdependence.

13. What if my domestic partner is also an employee?

If your domestic partner is also an employee, you can’t be covered as both an employee and a dependent under our health plan. You must each elect coverage for yourself and your dependents or one of you must elect coverage for both of you (and children, if applicable).

14. I am enrolled in the health Flexible Spending Account (“FSA”). Can I submit my domestic partner’s claims for reimbursement?

Generally, the answer is no. Under IRS rules, claims can only be reimbursed for the employee, the employee’s spouse or the employee’s tax dependents. However, if you can claim your domestic partner as a tax dependent (See Q&A #4), then you may be able to submit your domestic partner’s claims for reimbursement.