Domestic Partnership

Enrollment Packet

Includes:

- Domestic Partnership Policy
- Affidavit of Domestic Partnership
- Declaration of Financial Interdependence
- Examples of Proof for Declaration of Financial Interdependence
- Termination of Domestic Partnership Form to be completed by Employee
- Termination of Domestic Partnership Form to be completed by Former Domestic Partner

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DOMESTIC PARTNERSHIP

The Research Foundation, City University of New York is providing benefits to employees who have a domestic partner effective January 1, 2002.

The following contains information regarding how to register your domestic partnership and how to establish eligibility for new benefits provided. Please be advised that the tax consequences of providing health benefits to your domestic partner are subject to the guidelines of the Internal Revenue Code, and may result in additional taxable income to you. Similarly, there may be other legal consequences for you if you register a domestic partner. This is a new area of the law, and the Research Foundation, City University of New York assumes no responsibility other than that to provide the named benefits for your duly registered partner.

DEFINITION OF A DOMESTIC PARTNERSHIP: Two people, both of whom are eighteen years of age or older, neither of whom is married to anyone or related by blood in a manner that would bar their marriage in New York State, who have a close and committed personal relationship, who have registered as domestic partners and have not terminated the domestic partnership.

REGISTRATION PROCEDURES AND FORMS

If you have a domestic partner and you wish to include them on available benefits it is necessary for you to register your domestic partnership with the New York City Clerk's Office or the appropriate office in the city or county in which you live, or if none exists execute an Alternative Affidavit of Domestic Partnership depending upon your residency. You may not register a domestic partner if you have terminated a previously registered partnership in the previous six months. A form for termination of a partnership is attached. You may not submit claims for a domestic partner unless you have completed a registration and health insurance enrollment form (see procedures below).

New York City Residents

If you and your domestic partner are New York City residents (you both can attest to living together at a New York City address and provide proof of such), you must first register your domestic partnership at the New York City Clerk's Office (212) 669-8190.

A copy of the original certificate of domestic partnership issued by the City Clerk and the Statement of Financial interdependence (which must be notarized) must be provided to the Research Foundation, City University of New York. A list of Items of Proof for the Declaration of financial interdependence is attached to the Statement of Financial interdependence, so that you will be aware of the type and nature of documents you must provide.

Non-City Residents

If you and your domestic partner are non-residents (if you both live together outside of New York City), then you must register with the appropriate office in the city or county in which you live, or if none exists complete an Alternative Affidavit of Domestic Partnership (sample copy attached) and provide proof of your common residency.

The original notarized Alternative Affidavit of Domestic Partnership and the Statement of Financial interdependence (which must be notarized) must be provided to the Research Foundation, City University of New York. The list of Items of Proof for the Declaration of financial interdependence is attached to the Statement of Financial interdependence, so that you will be aware of the type and nature of documents you must provide.

HEALTH INSURANCE BENEFITS

You may enroll your domestic partner and your domestic partner's eligible child (ren) for health benefits coverage. This will entail a change from Individual to Couple or Family coverage, whichever is appropriate, and a change in payroll deductions.

The following documentation is required to enroll in Health Insurance:

- You must provide a copy of your Domestic Partnership Registration Certificate from the jurisdiction in which you live, **or**
- A copy of the **notarized** Alternative Affidavit of Domestic Partnership (non-resident), **and**
- A **notarized**, statement of financial interdependence, with corresponding documents, **and**
- A health insurance carrier enrollment form.

Please Note: In the space provided on the enrollment form for either: Type of activity or Requesting status change write "Domestic Partnership" and provide the Date of Registration in the space provided for Date of Event. Provide all other requested information concerning your domestic partner in the space on the form provided for Spouse Information.

If any dependant children of your domestic partner are being added to your health plan coverage at the same time you are including your domestic partner, then the appropriate documentation of their eligibility must also be submitted with the application form (i.e. Birth Certificate).

All forms must be completed, signed and forwarded to the Research Foundation, City University of New York, 230 West 41st Street, 7th Floor, New York, NY 10036.

BEREAVEMENT LEAVE

The benefit applies when there is a death of a covered member of your family or household. (See Research Foundation Policy 506-E, Miscellaneous Leave).

TERMINATION OF DOMESTIC PARTNERSHIP

Two (2) Termination of Domestic Partnership forms completed separately by the employee and the domestic partner **and** proof of termination from the city or county agency in which the domestic partnership was registered must be forwarded to the Research Foundation, City University of New York. By filing this form with the Research Foundation, the employee understands that they may not file another Statement of Domestic Partnership until six (6) months have passed from that date.

Please note that the former domestic partner may be eligible for a continuation of health insurance benefits under COBRA regulations. Also, the City Clerk's Office should be advised that the domestic partnership has been terminated.

Note: Please be aware that under IRS rulings, if your domestic partner is not a "dependant" within the meaning of the Internal Revenue Code, the amount paid by an employer attributable to coverage of a domestic partner which is in excess of the amount for such coverage paid for the participant is treated as part of the participant's gross income for Federal tax purposes. Consequently, unless you have indicated and provided proof to the Research Foundation, City University of New York (e.g. a copy of a recent tax return) that your domestic partner is your dependant; the value of this benefit must be included as income in your Federal tax return for the applicable year. State and local tax treatment of the amount in question will vary among jurisdictions. You should consult the applicable laws and/or a tax professional to ascertain how the amount should be treated in your case.

Research Foundation
The City University of New York

ALTERNATIVE AFFIDAVIT OF DOMESTIC PARTNERSHIP

STATE OF

SS.

COUNTY OF

The undersigned, being duly sworn, depose and declare as follows:

We are both eighteen years of age or older and unmarried to anyone.

We are not related by blood in a manner that would bar marriage under the laws of the state of New York.

We have a close and committed personal relationship.

We have been living together on a continuous basis prior to the date of this affidavit.

One of us is employed by the Research Foundation, City University of New York.

Neither of us has been registered as a member of another domestic partnership within the last six (6) months.

_____	_____
Print Name	Print Name
_____	_____
Signature	Signature

Sworn to before me this

_____ day of _____, 200

_____

NOTARY PUBLIC

DPA(3/08)

Research Foundation
The City University of New York

DECLARATION OF FINANCIAL INTERDEPENDENCE

We, the undersigned domestic partners. are financially interdependent. We submit the following two items of proof evidencing our financial interdependence:

_____ We have a joint bank account.

_____ We have a joint credit card.

_____ We are joint obligors on a loan.

_____ We jointly own our residence.

_____ We jointly appear as tenants on the lease for our residence.

_____ We keep a common household (share household expenses, e.g., utility bills, telephone bills, joint public assistance budget, etc).

_____ We jointly own a motor vehicle.

_____ We have executed Wills naming each other as executor and/or beneficiary.

_____ We have granted each other durable powers of attorney.

_____ We have conferred upon each other authority to make health care decisions (e.g., health care power of attorney).

_____ At least one of us has designated the other as a beneficiary under a retirement benefits account.

_____ _____
Print Name Print Name

_____ _____
Signature Signature

Sworn to before me this

_____ day, of _____, 200

_____
NOTARY PUBLIC

DPFI(3/08)

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EXAMPLES OF ITEMS OF PROOF FOR THE DECLARATION OF FINANCIAL INTERDEPENDENCE

Listed below are examples of items of proof that may be acceptable attachments to a Declaration of Financial Interdependence. You must provide a photocopy of all items of proof.

JOINT BANK ACCOUNT
-Statement with both names
-Check with both names
-Passbook with both names

JOINT CREDIT CARD
-Statement with both names

JOINT OBLIGORS ON LOAN
-Note or other loan origination document with both names

JOINT TENANTS ON LEASE
-Lease with both names

JOINT OWNERSHIP OF RESIDENCE
-Deed or other sales/transfer document with both names
-Property or water tax document with both names

JOINT VEHICLE OWNERSHIP
-Title in both names

COMMON HOUSEHOLD EXPENSES
-Utility/telephone bill with both names
-Public assistance document with both names

JOINT WILLS
-Copy of will or wills, with each party naming the other as beneficiary and/or executor

POWER OF ATTORNEY
-Copy of Powers of Attorney with each party naming the other party and no limitation on the term of the documents.

HEALTH CARE PROXY
-Copy of health care proxies/living wills, with each party giving the other party the power to make health care/non-resuscitation decisions upon incapacitation.

LIFE INSURANCE
-Copy of policy with one party naming the other as beneficiary. *

RETIREMENT BENEFITS

Copy of beneficiary designation form with one party designating the other as beneficiary. *

*Does **not** have to be the enrollee designating the dependent.

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TERMINATION OF DOMESTIC PARTNERSHIP
TO BE COMPLETED BY EMPLOYEE

I, _____ do hereby declare that I no longer have a domestic partnership
(Employee)
with _____. I file this Termination of Domestic Partnership
(Name of Former Domestic Partner)
in order to cancel the Statement of Domestic Partnership earlier filed by me on _____.
(date)
I understand that I may not file another Statement of Domestic Partnership until six (6) months have passed from this date.

_____ _____
(Employee Signature) (Social Security Number)

_____
(Date)

I understand that my former domestic partners may be eligible for a continuation of health insurance benefits under COBRA regulations. A certified letter will be sent to the last known address **and** the one I have provided below.

Former domestic partner's current address is:

_____

Received by: _____ _____
(Human Resources) (Date)

DPT (3/08)

Research Foundation
The City University of New York

TERMINATION OF DOMESTIC PARTNERSHIP
TO BE COMPLETED BY FORMER DOMESTIC PARTNER

I, _____ do hereby declare that I no longer have a domestic partnership
(Former Domestic Partner)
with _____. I file this Termination of Domestic Partnership
(Name of Employee)
in order to cancel the Statement of Domestic Partnership earlier filed by me on _____.
(date)

_____ _____
(Domestic Partner Signature) (Social Security Number)

_____
(Date)

I understand that I may be eligible for a continuation of health insurance benefits under COBRA regulations. A certified letter will be sent to the one I have provided below.

Former domestic partner's current address is:

_____

Received by: _____ _____
(Human Resources) (Date)