

THE CITY OF NEW YORK, OFFICE OF LABOR RELATIONS
HEALTH BENEFITS PROGRAM

INSTRUCTIONS FOR THE ADDITION OF DOMESTIC PARTNERS TO CITY
HEALTH PLAN COVERAGE

Pursuant to an agreement between the City of New York and the Municipal Labor Committee, employees and retirees covered by the City Health Benefits Program have been granted the right to add their domestic partners to their City health plan coverage beginning January 1, 1994. Health benefits available to domestic partners (and their dependent children) are identical to the health benefits offered to married spouses (and their dependent children).

**Domestic Partnership Registration Pursuant to Mayoral Executive Order No. 48
(January 7, 1993)**

'Domestic partnership' is defined as: two people, both of whom are eighteen years of age or older, neither of whom is married 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 live together and have been living together on a continuous basis, who have registered as domestic partners and have not terminated the domestic partnership.

Persons may register as domestic partners if they are residents of the City of New York or at least one partner is employed by the City of New York on the date of registration. In order to register, persons must execute a Domestic Partnership Affidavit and submit it to the City Clerk, who maintains a registry of domestic partnerships. The cost of registration is \$20. The Office of The City Clerk can be reached on (212) 669-8190. No person is eligible to register as a domestic partner who at the time of registration or at any time during the prior six months was registered as a member of another domestic partnership.

Requirements for City Health Plan Coverage

In order to cover a domestic partner on your City health plan coverage, you must have a Domestic Partnership Registration Certificate issued by the City Clerk and provide acceptable evidence of financial interdependence. The procedure is outlined below:

1. Register as Domestic Partners with the City Clerk.

2. Obtain a Health Benefits Application Form (ERB97) from your agency Health Benefits Representative. The form is also available from the NYC Office of Labor Relations, Domestic Partnership Liaison (212-306-7336).

3. Complete the form. Note the following special instructions:

(a) Provide the Date of Registration in the space provided for Date of Event in the Marital Status field.

(b) Provide the name, Social Security number and all other requested information concerning your domestic partner in the spaces on the form provided for Spouse Information.

4. Send the completed form to your agency Health Benefits Representative' along with the following:

(a) The original and a photocopy of your Domestic Partnership Registration Certificate (the original will be returned to you),

and

(b) An original sworn Declaration of Financial Interdependence (Attachment I) accompanied by two items of proof evidencing financial interdependence. Provide an original and a photocopy of all items of proof. The original items of proof will be returned to you.

Your agency Health Benefits Representative will process the application and assign the effective date according to the Health Benefits Program rules applied to all employees which are explained in the New York City Summary Program Description, Health Benefits Program. If any dependent children are being added to your health plan coverage at the same time you are including a domestic partner, appropriate documentation of their eligibility must also be submitted with the application form.

¹ All records pertaining to an application by domestic partners for health plan benefits will be held in strict confidence in a manner consistent with the handling of health benefit records of all City employees. You have the option to designate your health plan records confidential. In this case, submit your application for health plan benefits to the Office of Labor Relations instead of to your agency. None of your health records will be kept at your workplace and all records will be maintained by the Office of Labor Relations, Health Benefits Program, Domestic Partnership Liaison (40 Rector Street, 3rd Floor, New York, NY 10006, Telephone (212) 306-7336.

Welfare Fund Coverage

Your domestic partner may also be eligible to be covered for benefits provided by your union or welfare fund to members' spouses. After your application is approved and accepted, you will receive a letter which can be presented to your welfare fund to verify the eligibility of your domestic partner for welfare fund coverage.

IMPORTANT NOTE: TAX CONSEQUENCES OF HEALTH BENEFITS FOR DOMESTIC PARTNERS

You should be aware that, under IRS rulings, if your domestic partner is not a 'dependent', 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 proofs to the Health Benefits Program (e.g. a copy of a recent tax return) that your domestic partner is your dependent, the value of this benefit (anticipated to be approximately \$2200 per year for a change from individual to family coverage as a result of the addition of a domestic partner during Fiscal Year 1994) 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.

ATTACHMENT I

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 (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.
- _____ Other item of proof as is sufficient to establish economic interdependency under the circumstances of the particular case (specify).

- _____ Other item of proof as is sufficient to establish economic interdependency under the circumstances of the particular case (specify).

Print Name

Print Name

Signature

Signature

Sworn to before me this
day of

NOTARY PUBLIC