

ELIZABETHTOWN COLLEGE

Domestic Partners Benefits Policy

Definition:

A Domestic Partner (DP) is an unmarried person in a committed, co-habiting relationship with a partner of the same or opposite sex.

Benefits Offered Under This Policy:

For the purposes of this policy, healthcare benefits are defined as medical, prescription, dental and vision. The availability of this coverage extends to domestic partners and their children as long as dependency has been claimed on their federal income tax returns. Evidence in the form of IRS income tax returns will be required to affirm the dependency. In addition, eligibility for tuition remission benefits for the domestic partner and/or subsequent dependent(s) would be the same as noted above.

Requirements for Acceptable Domestic Partnership:

1. Both partners must be at least 18 years of age and mentally competent.
2. Employee must complete an affidavit stating that:
 - a. The partners have been in a committed, co-habiting relationship for at least three years.
 - b. Neither partner is married or legally separated from anyone else.
 - c. There is no blood relationship to a degree of closeness, which would prohibit legal marriage in the state in which the partners legally reside.
 - d. The partners are financially interdependent.
 - e. The relationship is not for the sole purpose of obtaining benefits.
3. Dependent children meet the domestic partnership eligibility requirements (listed in affidavit).

Taxes:

For health insurance coverage, the value of the incremental premium (or premium equivalent) for the domestic partner will be included in the employee's wages as imputed income. The employee must pay taxes on the domestic partner benefits. The domestic partner's tax deduction must be made after-tax.

COBRA:

Should a partner be removed from coverage as a result of the domestic partnership ending, the partner will be entitled to COBRA benefits. In the same guideline, should the domestic partnership end, eligibility for tuition remission benefits would also end.

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Declaration of Domestic Partnership

I. **Declaration**

We declare that we are in a domestic partner relationship and that we are each other's sole domestic partner. We are engaged in a committed relationship and we:

- Share a permanent residence.
- Both are at least 18 years of age or older.
- Are not legally married to or separated from anyone under either statutory or common law.
- Are not in another domestic partnership relationship.
- Are not related by blood to a degree of closeness that would prohibit marriage in the state which we legally reside.
- Have been in a committed, co-habiting relationship for at least the past three (3) years.
- Are both mentally competent to consent to a civil contract.
- Are jointly financially interdependent of each other.
- Agree to inform Human Resources at Elizabethtown College within 15 days in the event that the domestic partnership ends or if there is a change in dependent coverage.

II. **Status**

We have provided at least three (3) documents showing proof of our financial interdependency:

- a) Joint bank accounts
- b) Joint credit accounts
- c) Current joint mortgage or joint lease
- d) Common ownership of a vehicle
- e) Proof of designation as the primary beneficiary for life insurance or retirement
- f) A copy of a domestic partnership agreement;
- g) Evidence of durable powers of attorney for property or health;
- h) A copy of the form specifying that the domestic partner is the beneficiary of life insurance;
- i) Evidence that the domestic partner is the beneficiary of the employee's retirement account;
- j) Wills specifying the domestic partner as the major recipient of employee's financial assets;

III. **Dependent Children of Domestic Partner**

We understand that dependent children of _____
Domestic Partner (Print Name)

Are eligible for coverage when they are:

- a) Unmarried,
- b) Primarily dependent on the employee or domestic partner for support and are claimed by the employee or domestic partner as a dependent on the past 3 years federal income tax returns, and
- c) Meet the age/school and all eligibility requirements of the plan benefits.

We affirm, under penalty of perjury, that the statements in this Declaration are true and correct. We understand that any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Employee Signature: _____ Date: _____

Printed name: _____ Date of Birth: _____

Domestic partner Signature: _____ Date: _____

Printed name: _____ Date of Birth: _____

Witnessed by:

Human Resources Administrator Date: _____

Employee & Domestic Partner Address: _____

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EMPLOYEE STATEMENT OF TERMINATION OF DOMESTIC PARTNERSHIP

I declare that I am no longer in a domestic partner relationship. I understand that the effect of my filing this Statement of Termination of Domestic Partnership is that my domestic partner and his/her dependent child(ren), if any, will no longer be covered under the Elizabethtown College Domestic Partnership Benefits Policy.

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.

(Employee signature)

(Date)

(Employee name printed)