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**Procedure Title: Domestic Partners Policy**

**PURPOSE: TO OUTLINE THE PROCEDURE FOR HANDLING DOMESTIC PARTNERS ENROLLMENT**

**DEFINITIONS:**

*Domestic Partners – Two people who are 18 years of age or older and who live together and have been living together on a continuous basis for at least 6 months. The domestic partnership must involve a close and committed personal relationship. Neither partner should be married to someone else or be related by blood in a manner that would bar marriage in New York State. The domestic partner must be dependent upon the subscriber for support and maintenance and the two must be economically mutually interdependent.*

**PROCEDURE:** In order to be eligible for coverage, the subscriber must show that they meet the domestic partnership criteria set forth below.

1. Proof of registration as a domestic partnership in jurisdictions that have such procedures. They may also submit an affidavit of domestic partnership (attachment 1).
2. They must provide proof of cohabitation. This may be shown by means of a drivers' license, tax returns or the Declaration of Cohabitation document (attachment 2).
3. They must present evidence of at least two(2) of the indications of financial interdependency set forth below:
  - A joint bank account.
  - A joint credit or charge card.
  - A joint loan obligation.
  - Status as an authorized signatory on your domestic partner's bank account, credit card or charge card.
  - Joint ownership or holding investments.
  - Joint ownership of a residence.
  - Joint ownership of real estate other than a residence.
  - Listing of both domestic partners as tenants on the lease of a shared residence.
  - Shared rental payments for a residence.
  - Listing of both domestic partners as tenants on a lease or shared rental payments for property other than a residence.
  - A common household and shared household expenses, such as grocery bills, utility bills and telephone bills.
  - Shared household budget for purpose of receiving governmental benefits.
  - Status of one as representative payee for the other's governmental benefits.
  - Joint ownership of major items personal property, such as appliances and furniture.
  - Joint ownership of a motor vehicle.

- Joint ownership for childcare. This may be shown by means of school documents, guardianship papers or similar documents.
- Shared childcare expenses, such as babysitting, day care and school bills.
- Execution of wills, naming each other as executor and/or beneficiary.
- Designation of one as beneficiary under the other's life insurance policy.
- Designation of one as beneficiary under the other's retirement benefit account.
- Mutual grant of power of attorney.
- Mutual grant of authority to make health care decisions, such as health care power of attorney.
- Affidavit by a creditor or other individual able to testify about the subscriber's partner's financial interdependence.
- Other items of proof acceptable to the subscriber's group and GHI showing economic interdependency.

#### **ENROLLMENT/COMPLIANCE GUIDELINES:**

- The member/domestic partner completes and notarizes the attached forms.
- The notarized forms are attached to an enrollment application, which is authorized by the employer group administrator.
- The documentation is submitted to GHI.
- These forms must go to Mary Venis for review to make sure that they are in compliance with our domestic partner underwriting guidelines.
- Mary can either approve the enrollment by signing-off or rejecting its enrollment.
- If approved, Mary will send approved application to the Enrollment Unit with the effective date to enroll such member/domestic partner.
- The form comes to Membership Operations for processing.
- If denied, Mary's operation will send a reject letter to the group account.
- Once the members/domestic partners are enrolled, it is the employer group's responsibility to manage the subscriber's policy for cancellation and/or changes.

#### **PRE-EXISTING CONDITION RULES:**

- Along with the enrollment application, the employer group will need to submit proof of prior creditable coverage (HIPAA portability document) for the domestic partner.
- Based on the information provided on the enrollment form, the membership department will calculate the pre-existing timeframe that the domestic partner will be subjected to.
- Failure to submit the HIPAA portability document, will subject the domestic partner to the 11 month pre-existing condition rules.
- The Enrollment unit will make a notation on the eligibility file (waiver code and/or exception code) if the domestic partner's pre-existing waiver is different from that of the member. Please see membership supervisor/manager if not sure how to apply this notation.

**OTHER KEY NOTES:**

- New York State continuation of benefits (COBRA) will be available to a domestic partner upon termination of the partnership just as they would be available to a covered spouse upon termination of marriage.
- Effective 7/1/2006 there is a 90-day enrollment opportunity (7/1, 8/1 and 9/1) for these members. After this, they would have to enroll at their group's next open enrollment period or as a qualifying event, whichever applies.
- After 9/1/2006, retrospective enrollment will not be allowed.

# ATTACHMENT 1

*INSTRUCTIONS: Please complete this Affidavit only if your domestic partnership resides in a jurisdiction or municipality that does not have a domestic partner registry. If your domestic partnership resides in a jurisdiction or municipality that has such a registry, you must register your domestic partnership with the jurisdiction or municipality and submit proof of such registration to GHI or GHI HMO, as applicable, along with the completed Declaration of Cohabitation and Financial Interdependence Form.*

*Domestic partner benefits may have federal and state tax consequences. You should consult the applicable laws and/or a tax professional before applying to enroll your domestic partner for dependent health coverage.*

## ALTERNATIVE AFFIDAVIT OF DOMESTIC PARTNERSHIP

The undersigned, being duly sworn, depose and declare that all of the following statements are true:

- We are both eighteen (18) years of age or older and unmarried.
- 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 for at least six (6) months prior to the date of this affidavit.
- Neither of us has been registered as a member of another domestic partnership within the last (6) months.
- We are submitting this Affidavit and the Declaration of Cohabitation & Financial Interdependence Form so that GHI and GHI HMO may determine whether the partner named below is eligible for dependent health benefits coverage. We understand that our submission of these forms does not automatically enroll us in the GHI or GHI HMO health benefits program.
- We understand that, in the event we no longer meet the criteria attested to in this Affidavit and the Declaration of Cohabitation & Financial Interdependence Form, we will no longer be a domestic partnership as defined by GHI and GHI HMO and the partner named below will no longer be eligible for GHI or GHI HMO dependent coverage.

\_\_\_\_\_  
Print Name of Employee/GHI Subscriber

\_\_\_\_\_  
Print Name of Partner

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

STATE OF \_\_\_\_\_ )

: SS.:

COUNTY OF \_\_\_\_\_ )

Sworn to before me this \_\_\_\_\_ day of  
\_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public

## ATTACHMENT 2

*INSTRUCTIONS: All domestic partnerships seeking coverage under a GHI or GHI HMO group product must complete and submit this Declaration of Cohabitation and Financial Interdependence Form. Please submit this completed form with the requested proofs to GHI or GHI HMO along with the Alternative Affidavit of Domestic Partnership or proof of registration of your domestic partnership in the jurisdiction or municipality where you reside.*

*Domestic partner benefits may have federal and state tax consequences. You should consult the applicable laws and/or a tax professional before applying to enroll your domestic partner for dependent health coverage.*

### DECLARATION OF COHABITATION & FINANCIAL INTERDEPENDENCE

We, the undersigned domestic partners, being duly sworn, depose and declare that we have been living together on a continuous basis for at least six (6) months and we are financially interdependent. We submit the following proof evidencing our cohabitation and financial interdependence:

**Cohabitation** (Please check and attach proof of at least one (1) of the following):

- Driver's licenses showing that you both reside at the same address.
- Tax returns showing that you both reside at the same address.
- Other proof acceptable to your group and to GHI.
- Please specify: \_\_\_\_\_.

**Financial Interdependence** (Please check and attach proof of at least two (2) of the following):

- A joint bank account.
- A joint credit or charge card.
- A joint obligation on a loan.
- Status as an authorized signatory on the domestic partner's bank account, credit card or charge card.
- Joint ownership or holding of investments.
- Joint ownership of a residence.
- Joint ownership of real estate other than a residence.
- Listing of both domestic partners as tenants on the lease of a shared residence.
- Shared rental payments for a residence.
- Listing of both domestic partners as tenants on a lease or shared rental payments for property other than a residence.
- A common household and shared household expenses, such as grocery bills, utility bills and telephone bills.
- Shared household budget for purposes of receiving government benefits.
- Status of one as representative payee for the other's government benefits.
- Joint ownership of major items of personal property, such as appliances and furniture.
- Joint ownership of a motor vehicle.
- Joint responsibility for child care. (This may be shown by means of school documents, guardianship papers or similar documents.)
- Shared child care expenses, such as baby sitting, day care and school bills.
- Execution of wills naming each other as executor and/or beneficiary.
- Designation of one as beneficiary under the other's life insurance policy.
- Designation of one as beneficiary under the other's retirement benefits account.
- Mutual grant of power of attorney.
- Mutual grant of authority to make health care decisions, such as a health care power of attorney.
- Affidavit by a creditor or other individual able to testify to your partner's financial interdependence.

\_\_\_\_\_ Other items of proof acceptable to GHI showing economic interdependency.  
Please specify \_\_\_\_\_.

We are submitting this Declaration of Cohabitation & Financial Interdependence Form so that GHI and GHI HMO may determine whether the partner named below is eligible for dependent health benefits coverage. We understand that our submission of these forms does not automatically enroll us in the GHI or GHI HMO health benefits program.

***We understand that, in the event that we no longer meet the criteria attested to in this Declaration of Cohabitation & Financial Interdependence Form, we will no longer be a domestic partnership as defined by GHI and GHI HMO and the partner named below will no longer be eligible for GHI or GHI HMO dependent coverage.***

\_\_\_\_\_  
Print Name of Employee/GHI Subscriber

\_\_\_\_\_  
Print Name of Partner

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

STATE OF \_\_\_\_\_)

: SS.:

COUNTY OF \_\_\_\_\_)

Sworn to before me this \_\_\_\_\_ day of  
\_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public