



State of New York
Department of Civil Service
Alfred E. Smith State Office Bldg.
Albany, NY 12239

EMPLOYEE BENEFITS DIVISION

Instructions for Enrolling Domestic Partners of Active Employees in the following groups: CSEA, UUP, PEF, DC-37, PIA, GSEU, PBA, Judicial Branch employees, M/C, NYSCOPBA (arbitration affected titles) and Legislative employees PS-425 (7/06)

Agreements with the unions representing State employees provide for the extension of coverage to the domestic partners of State employees in the New York State Health Insurance Program (NYSHIP) and the Dental and Vision programs administered by New York State. If you receive dental or vision benefits from an Employee Benefit Fund (CSEA, DC-37 and UUP employees), that fund may also permit you to enroll an eligible domestic partner. These benefits have also been extended to unrepresented employees in the Executive, Legislative and Judicial branches of State government and to State retirees, vestees and dependent survivors. To determine if your domestic partner qualifies for enrollment, carefully read these instructions, which includes important tax information and the Domestic Partner Affidavit (PS-425.1)

The affidavit and documents you are required to submit are only intended to establish the eligibility of your domestic partner for benefits available to you as a New York State employee. However, it is recommended that you seek advice from your attorney regarding any possible legal and financial implications before you take the actions required to provide this coverage to a domestic partner.

Who can be Covered as a Domestic Partner

Enrollees may cover same or opposite sex partners with whom they reside and have a committed, long term relationship of mutual support, and for whom they have assumed long term financial responsibility or have mutual financial responsibility. See the Affidavit of Domestic Partnership and Financial Interdependence (PS-425.1) for details. Persons who live together for economic reasons, but who have not made a commitment to an exclusive enduring domestic partnership as described in these documents, will not be considered to be domestic partners for the purposes of enrollment in New York State administered benefit programs.

How to Enroll a Domestic Partner

1. Complete the following forms:
 - Affidavit of Domestic Partnership and Financial Interdependence (PS-425.1)
 - Health Insurance Transaction Form (PS-404)
2. In addition to the above, **IF** your partner qualifies as your dependent for federal tax purposes and you wish to avoid the additional taxes that may result from this benefit (see Income Tax Implications), you must also complete the Dependent Tax Affidavit (PS-425.3) and return it with the other documents.
3. Return the completed forms and the **REQUIRED PROOFS OF RESIDENCE AND FINANCIAL INTERDEPENDENCE** (see PS-425.1) to your agency Health Benefits Administrator.

Applications filed without the required affidavit or proofs will not be processed. Ambiguity or lack of clarity will not be interpreted in the employee's/partner's favor.

When Coverage Begins

If you are enrolled in NYSHIP, have satisfied the six month residency and financial requirements, and you have submitted all required documentation to your agency Health Benefits Administrator on or before, or within seven days of your partner's first eligibility, the coverage for your partner begins on the date of first eligibility. If you apply more than seven days but less than 29 days after the date of first eligibility, coverage for your partner begins on the first day of the payroll period following the pay period in which you have submitted all required documentation to your agency Health Benefits Administrator. If you apply 29 days or more after the date of first eligibility, you will be subject to a late enrollment period and coverage for your partner will begin on the first day of the fifth payroll period following the payroll period in which you apply. **Your partner's date of first eligibility is the day that is exactly six months after the latest date of the residency and financial support documents submitted with your application for coverage.**

If you are not enrolled in NYSHIP, coverage for both you and your partner may be deferred until you satisfy the new employee or late enrollment waiting period. Ask your agency Health Benefits Administrator if you must satisfy a waiting period.

Because there is no late enrollment imposed for dental and vision benefits, the effective date of domestic partner coverage would be the date of first eligibility.



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When Coverage Ends

Coverage for your partner will end on the day on which you and/or your partner no longer meet one or more of the requirements on the affidavit you both have signed. The terms and conditions of your coverage require you to report this relationship termination within 14 days of its occurrence.

How to Report that the Partnership has Ended

You must complete and submit the form PS-425.4 "Termination of Domestic Partnership" within 14 days of the date the partnership ends. The form is available from your agency Health Benefits Administrator. **If you do not file the form on a timely basis, you may be liable for claims paid for your former partner for services rendered on and after the date the partnership ended.** You may not enroll another domestic partner, or re-enroll the same domestic partner, until one year after the date the "Termination of Domestic Partnership" form is filed with your agency Health Benefits Administrator. Your former partner's 60 day eligibility period for applying for COBRA continuation coverage starts on the date the relationship terminates, not the notification date.

Coverage of Domestic Partner's Children

You may provide coverage under State administered benefit programs for you partner's child (children) if the child permanently resides in your household and you provide more than 50% of the child's support. To enroll the child, ask your agency Health Benefits Administrator for form PS-457, "Statement of Dependence". After you complete the form and return it to your agency Health Benefits Administrator, you will be advised whether the child is eligible for coverage. Documentation of the statements made on the PS-457 may be required. Requirements for coverage of your partner's child (children) under union Employee Benefit Funds may differ from those of State administered programs. Consult the appropriate Employee Benefit Fund for its requirements.

Changes of Coverage

Changes of coverage involving domestic partners and their children follow the same rules that dependents follow. If you are enrolled in a pre-tax status, changes to individual medical coverage can only be made during the month of November, unless you have a qualifying event. Changes to dental or vision coverage can be made at any time. Please see your agency Health Benefits Administrator for more details.

INCOME TAX IMPLICATIONS

Imputed Income

Under IRS rules, if a domestic partner is not a "dependent" within the meaning of Section 152 of the Internal Revenue Code (IRC), the "fair market value" of the partner's coverage, less any contribution by the enrollee, is treated as income for federal tax purposes. Check with your agency Health Benefits Administrator for an approximation of the fair market value for State administered health, dental and vision coverage and check with the applicable benefits fund (CSEA, DC-37 and UUP represented employees) regarding the tax status of the benefits provided by them. These values, referred to as "imputed income", will be added to your annual salary for income tax purposes and apply even if you cover other dependents in addition to your partner. If your partner qualifies as a dependent under IRC 152, there is no imputed income. If you qualify under this section, (and ONLY if you qualify) you must complete PS-425.3 Dependent Tax Affidavit and submit it with your other enrollment documents. If your domestic partner's tax status changes during the year, no retroactive changes will be made to imputed income. It is your responsibility to amend your tax return to correct taxable income. If you have questions regarding your eligibility under Section 152, please contact your tax advisor.

Pre-Tax Contribution Program Implications

Under IRC Section 125 rules governing pre-tax contributions, a domestic partner is not an eligible dependent unless they qualify under Section 152. Therefore, if your partner is a covered dependent, the part of the premium you pay for the dependent portion of your health insurance coverage must be deducted on a post-tax basis. The W-2 form issued by the Office of the State Comptroller at the end of the tax year will show only the amount of your premium for the individual portion of your coverage on a pre-tax basis.