



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

EMPLOYEE BENEFITS DIVISION

APPLICATION FOR ENROLLING DOMESTIC PARTNERS IN THE NEW YORK STATE HEALTH INSURANCE PROGRAM AND AFFIDAVIT OF DOMESTIC PARTNERSHIP
 (Excludes PAs) PS-425.1 (5/11)

Review Form PS-425 to determine whether you and your Domestic Partner may qualify for NYSHIP Domestic Partner Coverage. If you are currently a NYSHIP enrollee and determine that your partner may qualify for Domestic Partner coverage, complete this application and submit it with the required documentation as described on page 2 (reverse) of this form. You must be able to answer "YES" to all of the questions on this page and be able to provide the required documentation in order to qualify for Domestic Partner coverage under NYSHIP.

- | | <u>Yes</u> | <u>No</u> |
|---|--------------------------|--------------------------|
| 1. We are each at least 18 years of age or older. | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. We are not related by blood in a manner that would bar marriage under New York State law. | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Neither of us is legally married to anyone else. If either of us has been married before, we are submitting proof that the marriage(s) have been legally terminated (legal separation does not constitute a termination of marriage). | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. I, the enrollee, have not had a Domestic Partner enrolled in NYSHIP as my dependent within the last year. | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. We have shared the same residence for at least the last six months and have included Proof of Residence as described on page 2 of this form. | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. We have had an exclusive mutual commitment to share responsibility for each other's welfare and financial obligations for at least the last six months and we expect that commitment to last indefinitely. We included proof of joint responsibility for basic financial obligations as described on page 2 of this form. | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. I, the enrollee, understand that I am required to file a completed Form PS-425.4, Termination of Domestic Partnership, within 14 days of the date my domestic partnership ends or when I no longer can provide proof of one or more of the above requirements. | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. I, the enrollee, understand that any false or misleading statements made will subject me to financial responsibility for any benefits paid on behalf of my partner and/or my partner's children. I understand that false statements may result in disciplinary action by my employer and/or result in criminal and/or civil penalties and in other legal actions such as the prosecution of insurance fraud. | <input type="checkbox"/> | <input type="checkbox"/> |

Enrollee Signature (*sign in presence of Notary*) _____ **Date** _____

Sworn to before me _____ this day of _____, _____

 NOTARY PUBLIC

Personal Privacy Protection Law Notification

The information you provide on this application is requested for the principal purpose of administering the New York State Health Insurance Program, Dental Program, Vision Program, and/or Employee Benefit Fund Program. This information will be used in accordance with Section 96 (1) of the Personal Privacy Protection Law. Failure to provide the information requested may prevent the Department from processing this application. This information will be maintained by the Employee Benefits Division, NYS Dept. of Civil Service, Alfred E. Smith State Office Building, Albany, NY 12239. For information related to the Personal Privacy Protection Law, call (518) 457-9375. **For more information concerning the Domestic Partnership Program, please call (518) 457-5754 or 1-800-833-4344 between the hours of 9:00 a.m. and 3:00 p.m.**



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

EMPLOYEE BENEFITS DIVISION

APPLICATION FOR ENROLLING DOMESTIC PARTNERS IN THE NEW
YORK STATE HEALTH INSURANCE PROGRAM AND AFFIDAVIT OF
DOMESTIC PARTNERSHIP
(Excludes PAs) PS-425.1 (5/11)

You are required to submit documentation as outlined below. In addition to providing proof of your eligibility for Domestic Partner coverage at the time of application, you are required to maintain the ability to provide proof of eligibility for as long as you wish to continue to cover your Domestic Partner as your dependent in NYSHIP.

1. Proof of Joint Responsibility for Basic Financial Obligations. You must submit two forms of proof from the list below. Each form of proof must show that you and your Domestic Partner share joint responsibility for basic financial obligations and have done so for at least six (6) months immediately preceding the date of application, and be valid on the date of your application. If you submit proof that is older than six months you are also required to submit that same form of proof that is dated within 30 days of your application. Check the boxes below that show each form of proof you are submitting.

At least one of your two documents submitted must be from List A. You may submit either two documents from List A, or one document from List A and one document from List B.

List A

- Joint mortgage or lease agreement / Joint ownership of residence
- Joint wills or designation of the Domestic Partner as executor and/or primary beneficiary
- Designation of the Domestic Partner as beneficiary for life insurance or retirement benefits
- Designation of the Domestic Partner as durable power of attorney
- Mutual grant of authority to make health care decisions (e.g., health care power of attorney)
- Joint obligation on a loan (may submit a creditor's affidavit for a personal loan)
- Joint ownership of a brokerage investment account
- Joint insurance policy (homeowners or renters policy, motor vehicle policy)
- Joint ownership or lease of a motor vehicle
- Joint financial responsibility for child care (e.g., school tuition, guardianship)
- Joint household budget for the purpose of receiving government benefits
- Status as an authorized signatory on the partner's bank account, credit card or charge card
- Designation of one partner as the representative payee for the other's government benefit

List B

- Joint bank account
- Joint credit card or charge card
- Other evidence of joint financial responsibility or of economic interdependence

2. Proof of Cohabitation You must submit one form of proof from the list below to prove that you and your Domestic Partner have resided together for at least six months immediately preceding the date of application. If you submit proof that is older than six months, you are also required to submit that same form of proof that is dated within 30 days of your application. This proof may be one document on which both names appear or two separate documents that specify each partner's residential address.

- Bank statement mailed to residential address
- Pay check stub
- Driver's license or automobile registration showing residential address
- Insurance benefits statement mailed to residential address
- Joint membership statement mailed to residential address (e.g., church or other organization)
- Tax return listing residential address
- Telephone/Utility bill mailed to residential address
- Registration as a domestic partnership in a New York State municipality that has established such a procedure (e.g., Albany, New York City, Rochester, Ithaca)



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

EMPLOYEE BENEFITS DIVISION
 DEPENDENT TAX AFFIDAVIT
 FOR ENROLLMENT IN THE NEW YORK STATE HEALTH INSURANCE
 PROGRAM (NYSHIP)

PS-425.3 (8/11)

The following definitions extracted from the Internal Revenue Code (IRC) may be helpful in determining if your dependent qualifies as a dependent for federal purposes. **It is recommended that you seek the advice of a tax professional or consult with your tax advisor before you complete this affidavit.**

IRC SECTION 152 DEPENDENT DEFINED.

Under IRC Section 152 a dependent can be a qualifying relative[S152(a) (2)]

A qualifying relative can be an individual with respect to whom the taxpayer provides over one-half of the individuals support for the calendar year in which such taxable year begins[S152 (d) (1) (c)] and,

Is an individual (other than an individual who at any time during the taxable year was the spouse, determined without regard to section 7703, of the taxpayer) who, for the taxable year of the taxpayer, has the same principal place of abode as the taxpayer and is a member of the taxpayers household. [S152 (d) (2) (h)]

An individual shall not be treated as a member of the taxpayer's household if at any time during the taxable year of the taxpayer the relationship between such individual and the taxpayer is in violation of local law. [S 152 (f) (3)]

 Name of Dependent

 Social Security Number

- DOES fully qualify as my dependent under Internal Revenue Code Section 152. Checking this box is my official affirmation to NYSHIP that **I am not subject to federal tax withholding** for any imputed income resulting from benefits extended to my dependent. I understand that I will be required to complete a new Dependent Tax Affidavit if my dependent's status under IRC section 152 changes at any time.
- DOES NOT qualify as my dependent under Internal Revenue Code Section 152. Checking this box is my official affirmation to NYSHIP that **I am responsible for reporting and paying federal tax** on any imputed income resulting from benefits extended to my dependent. I understand that I will be required to complete a new Dependent Tax Affidavit if my dependent's status under IRC section 152 changes at any time.

Print Name (Enrollee)	
Social Security Number	
Address	
Enrollee Signature	Date
<i>(sign in presence of Notary)</i>	

Subscribed and sworn to before me on this ____ day of _____, _____.

 NOTARY PUBLIC

Personal Privacy Protection Law Notification

The information you provide on this application is requested for the principal purpose of enabling the New York State Department of Civil Service to enroll a dependent in the New York State Health Insurance Program, Dental Program, Vision Program, and/ or Employee Benefit Fund Program. The information will be used in accordance with Section 96 (1) of the Personal Privacy Protection Law, particularly subdivisions (b), (e) and (f). Failure to provide the information requested may delay the Department in processing this application. This information will be maintained by the Director, Employee Benefits Division, NYS Dept of Civil Service, Alfred E. Smith State Office Building, Albany, NY 12239. For information related only to the Personal Privacy Protection Law, call (518) 457-9375. **For information related to the Health Insurance Program, call (518) 457-5754 or 1-800-833-4344 between the hours of 9:00 a.m. and 3:00 p.m.**



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 IN THE
NEW YORK STATE HEALTH INSURANCE PROGRAM (NYSHIP)
(Excludes PAs)

PS-425 (5/11)

The following information pertains to enrollment under the New York State Health Insurance Program (NYSHIP) for Domestic Partners of individuals enrolled through New York State or a NYSHIP Participating Employer. **If you are enrolled through a Participating Employer, check with your agency Health Benefits Administrator (HBA) to find out if your employer offers Domestic Partner coverage.**

Who Can Be Covered As a Domestic Partner

As a NYSHIP enrollee, you may provide coverage as dependent to your same-or opposite-sex partner if the following requirements are satisfied:

- Each person is 18 years of age or older;
- Neither person is married;
- Neither person has had another Domestic Partner within one year prior to the date of application for Domestic Partner coverage under NYSHIP;
- You are not related by blood in a manner that would bar their marriage in the jurisdiction in which you reside;
- You have shared the same residence for at least six months immediately prior to the date of application for Domestic Partner coverage under NYSHIP;
- You have had an exclusive mutual commitment to share the responsibility for each other's welfare and financial obligations for at least six months immediately prior to the date of application for Domestic Partner coverage under NYSHIP, and that commitment is expected to last indefinitely.

In addition to providing proof of your Domestic Partner's eligibility for coverage at the time of application, you are required to maintain the ability to provide proof of eligibility for as long as you wish to continue to cover your Domestic Partner as your dependent in NYSHIP. You may also be required to periodically provide documentation of proof of your partner's eligibility. If at any time you are unable to provide proof of your partner's eligibility, you must complete Form PS-425.4, Termination of Domestic Partnership (included in the application packet), and submit it to the appropriate office.

Only individuals in a committed relationship who can document their joint residence and joint financial responsibilities will be considered for enrollment. Persons who live together for only economic reasons will not be considered to be Domestic Partners for the purposes of NYSHIP enrollment.

Coverage for Children of Domestic Partners

You may provide dependent coverage for your enrolled Domestic Partner's children. However, your Domestic Partner's children will lose eligibility if your Domestic Partnership ends or if you cease to be able to provide proof of eligibility for your Domestic Partner, unless you can document each child's eligibility as an "Other Child." (See your *NYSHIP General Information Book* for information about eligibility for "Other Children"). **Note:** Requirements for coverage of your partner's children under union-sponsored Employee Benefit Funds may differ from NYSHIP requirements. Consult the appropriate Employee Benefit Fund for its requirements.

Dental, Vision and Life Insurance

If you are enrolled in the New York State Dental, Vision or Life Insurance Programs, you may choose to provide dependent coverage for your Domestic Partner (and the Domestic Partner's children) in these programs as well. If you receive these benefits from an Employee Benefit Fund, the Employee Benefits Division (EBD) of the Department of Civil Service will forward the necessary enrollment information to those organizations. You may need to complete additional application forms that will be provided by the benefit funds before these benefits will be available.

If you are applying for Dental and Vision coverage **only**, please indicate this by writing **DENTAL VISION ONLY** at the top of Form PS-425.1, Application for Enrolling Domestic Partners and Affidavit of Domestic Partnership.

If you are enrolled through a Participating Employer, check with your agency Health Benefits Administrator to find out if your employer offers Domestic Partner coverage.

What Is Required When Applying for Domestic Partner Coverage

- **You will need TWO documents as proof of joint responsibility for basic financial obligations**

You must submit two forms of proof from the list of specific documents included in this package to prove that you and your Domestic Partner have been jointly responsible for basic financial obligations and that you have done so for at least six months immediately preceding the date of application for Domestic Partner coverage. If you submit proof that is older than six months, you are also required to submit that same form of proof that is dated within 30 days of your application. See Form PS-425.1 for the list of acceptable documentation that you can submit for this purpose.

In addition to providing these proofs at the time you apply for coverage for your Domestic Partner, you are required to maintain the ability to provide such proof for as long as your Domestic Partner remains enrolled as your dependent in NYSHIP.

- **You will need ONE document as proof of cohabitation**

You must submit one form of proof from a list of specific documents to prove that you and your Domestic Partner have resided together for at least six months immediately preceding the date of application for Domestic Partner coverage. If you submit proof that is older than six months, you are also required to submit that same form of proof that is dated within 30 days of your application. This proof may be one document on which both names appear or two separate documents that specify each partner's residential address. See Form PS-425.1 for the list of acceptable documentation that you can submit for this purpose.

In addition to providing these proofs at the time you apply for coverage for your Domestic Partner, you are required to maintain the ability to provide such proof for as long as your Domestic Partner remains enrolled as your dependent in NYSHIP.

Pre-Tax Contribution Program (PTCP)

NYSHIP enrollees who are eligible for the Pre-Tax Contribution Program (PTCP) and who cover a Domestic Partner may have their full premium contribution for the cost of Family health insurance coverage deducted from their wages before taxes are withheld.

Important: Under the PTCP, once you elect to change your coverage to family to add a Domestic Partner, you may not change your election back to Individual coverage unless you experience a qualifying event (such as a terminated partnership) and the change is requested within 30 days of the qualifying event.

Imputed Income

If the enrollee's Domestic Partner is a non-federally qualified dependent, the fair market value cost of the Domestic Partner's coverage is considered additional income to the enrollee. NYSHIP considers the fair market value cost the full share cost of individual coverage less the employee's premium contribution for dependent coverage. NYSHIP is required to calculate and report imputed income to the Internal Revenue Service (IRS) for all enrollees who are providing NYSHIP coverage for a non-federally qualified Domestic Partner. Refer to the appropriate group below for information on how imputed income is handled:

- **For Active New York State Employees** covering a non-federally qualified dependent, a biweekly imputed income amount will be reported to the New York State Office of the State Comptroller for each payroll period as additional income for tax purposes only. Additional withholding taxes will be calculated and withheld based upon the additional reported of imputed income. Imputed income is **not** an additional amount added to your total premium paid. It is additional taxable income based upon the fair market value of the non-federally qualified dependent's coverage. Check with your agency Health Benefits Administrator for an approximation of the fair market value for State-administered health coverage.
- **For Retirees of New York State and Participating Employers** covering a non-federally qualified dependent, a 1099-MISC will be issued at the end of the tax year, reporting the fair market value of the non-federally qualified dependent's coverage as additional income. In this case, the additional tax liability is reported and "paid" as part of the annual filing of federal income taxes. Check with the Employee Benefits Division for an approximation of the fair market value for State-administered health coverage.
- **For Active Employees of Participating Employers** covering a non-federally qualified dependent, enrollees may wish to contact the Participating Employer where they work for an approximation of the fair market value for State administered health coverage and how the imputed income will be reported.

Note: The Federal Internal Revenue Code determines whether your Domestic Partner is a "federally qualified" dependent. You should consult your tax advisor if you have questions as to whether your Domestic Partner is a "federally qualified" dependent, or if you have questions regarding the effect of these requirements on your taxes.

If you indicate that your Domestic Partner is a federally qualified dependent on the Form PS-425.3, Dependent Tax Affidavit (included in the application packet), this constitutes your direction and NYSHIP will not report imputed income.

When Medicare Enrollment Is Required of a Domestic Partner

- **For Active Employees:** Medicare is primary for an active employee's Domestic Partner who becomes Medicare-eligible at age 65 or due to having completed the 30-month coordination period for end-stage renal disease (ESRD). NYSHIP remains primary for an active employee's Domestic Partner who is otherwise Medicare-eligible due to disability. You must provide your agency Health Benefits Administrator with a copy of your Domestic Partner's Medicare card for proper coordination of benefits and to receive Medicare Part B premium reimbursement.
- **For Retirees:** Medicare is primary for a retiree's Domestic Partner who becomes Medicare eligible at age 65 or due to disability. You must send a copy of your Domestic Partner's Medicare card to the Employee Benefits Division for proper coordination of benefits and to receive Medicare Part B reimbursement.

When Domestic Partner Coverage Begins

When coverage begins is determined by your group. See the appropriate group below. Please note that the date your Domestic Partner is first eligible is the day that is exactly six months after the latest date noted in the residency and financial support proof documents you submit with your application for Domestic Partner dependent coverage.

For New York State Active Employees:

First Eligible	Coverage Begins
If you apply within 7 days or less since first date of eligibility	On the date first eligible
If you apply more than 7 days since first date of eligibility, but less than 30 days	On the date of application if it coincides with the first day of a pay period; otherwise, it begins on the first day of the next pay period.
If you apply more than 30 days since first date of eligibility	On the first day of the fifth pay period following the pay period in which you apply

For New York State Retirees, Vestees, and COBRA Enrollees and for both Active and Retired Employees of Participating Employers:

First Eligible	Coverage Begins
If you apply within 7 days or less since first date of eligibility	On the date first eligible
If you apply more than 7 days since first date of eligibility, but less than 30 days	On the first day of the month following the month in which you apply
If you apply more than 30 days since first date of eligibility	On the first day of the third month following the month in which you apply

How to Apply

Submit the following items to the appropriate office:

- Form PS-425.1, Application for enrolling Domestic Partners and Affidavit of Domestic Partnership in the New York State Health Insurance Program (NYSHIP) with supporting documentation as noted on the form
- Form PS-425.3, NYSHIP Dependent Tax Affidavit
- Photocopy of your Domestic Partner’s Birth Certificate
- Photocopy of your Domestic Partner’s Social Security Card
- Photocopy of your Domestic Partner’s Medicare Card (if applicable)
- Photocopy of your Divorce Decree (if applicable)

Active employees must also complete an additional Form PS-404, Health Insurance Transaction, which can be obtained from your agency Health Benefits Administrator in your personnel office.

Applications filed without the required affidavit or proofs will not be processed. If all required documentation is not submitted within **30 days** of the signed Form PS-404, Health Insurance Transaction, it will no longer be accepted. A new Form PS-404, Health Insurance Transaction will need to be completed, and the later signed request will be used as the date of request. Proof dated over one year will not be accepted. Ambiguity or lack of clarity will not be interpreted in the employee’s favor.

Where to Submit Your Domestic Partner Application and Supporting Documentation

Active Employees: Submit the required forms and proofs to your agency's Health Benefits Administrator located in the personnel office where you work.

Retirees, Vestees and COBRA enrollees: Submit the required forms and proofs to the New York State Department of Civil Service, Employee Benefits Division, Alfred E. Smith State Office Building, Albany, NY 12239.

You Must Report When a Domestic Partnership Has Ended

NYSHIP dependent coverage for your Domestic Partner will end on the date your domestic partnership ends or when you are no longer able to provide proof of your domestic partnership as required by NYSHIP. You must complete and submit Form PS-425.4, Termination of Domestic Partnership, within **60 days** of the date the relationship ends or cannot be documented. This form can be obtained in your personnel office, or the Employee Benefits Division of the Department of Civil Service.

If you do not file Form PS-425.4 on a timely basis, there may be claims that were paid for services rendered on and after the date the domestic partnership ended for which that you will liable. Also, failure to remove an ineligible Domestic Partner may result in disciplinary action by your employer or prosecution for insurance fraud.

In addition, when covering a child of a Domestic Partner, the child's coverage will also end unless you can document each child's eligibility as an "Other Child".

Note: You may not enroll another Domestic Partner, or reenroll the same Domestic Partner, until **one year** after the date the Termination of Domestic Partnership form is filed. Your former Domestic Partner's 60- day eligibility period for applying for COBRA continuation coverage starts on the date the relationship terminated, not the date you file the Form PS-425.4.