The City University of New York

INFORMATION PACKET

FOR CUNY EMPLOYEES AND RETIREES
WHO HAVE ENTERED INTO A DOMESTIC PARTNERSHIP,
SAME SEX MARRIAGE, OR CIVIL UNION

University Benefits Office
Office of the Vice Chancellor for
Human Resources Management
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Fall 2008

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Introduction:

On November 1, 1993, Mayor David Dinkins announced that all employees and retirees covered by New York City health plans would be granted, effective January 1, 1994, the right to add their domestic partner to their health benefit plan coverage. The City's action enabled CUNY to provide health benefits to registered domestic partners of employees and retirees, without regard to gender or sexual orientation. New York City uses domestic partnership as a means by which lesbian, gay, bisexual and transgender couples, as well as unmarried heterosexual couples, may document and affirm their relationship and secure the same legal benefits afforded to married couples.

New York City's Domestic Partnership Law, passed in 1998, recognized these relationships and extended to domestic partners and their dependent children health insurance benefits identical to the health insurance benefits offered to married persons and their dependent children.

In October 2004, the Mayor's office announced that, same sex couples who have married or entered into civil unions in jurisdictions where such marriages or civil unions are legal should be able to receive the same benefits that are provided to couples in opposite sex marriages. However, under federal law, these couples are not treated as married for purposes of computing the tax implications to the employee or retiree for the costs of benefits received.

In May 2008, New York State Governor David Paterson directed all state agencies to extend recognition to same sex marriages or civil unions legally performed in other jurisdictions, and thereby to ensure that employees who have entered into such same sex marriages or civil unions are accorded the same benefits as other married employees.

This packet contains information on how to register your domestic partnership, same sex marriage or civil union partnership and establish eligibility for benefits provided by the City. The tax consequences of providing health benefits to your domestic partner or same sex spouse or civil union partner are subject to the guidelines of the Internal Revenue Code and may result in additional taxable income to you. Similarly, there may be other legal consequences for you if you register a domestic partner or same sex spouse or civil union partner. The University assumes no responsibility other than to provide the named benefits for your duly registered partner or same sex spouse or civil union partner. If you are concerned about these matters, you should contact your own tax advisor and/or attorney before registering with the University or the City.

If after carefully reading this document you have additional questions regarding partnership registration and health benefits enrollment, please contact the College Human Resources Officer,

* CUNY retirees are requested to contact their College Human Resources Office or the University Benefits Office for specific registration and enrollment information.

the College Benefits Officer, or Mr. Leslie E. Williams, the University Director of Employee Benefits at (212) 794-5342.

Questions regarding bereavement leave may be addressed with your College Human Resources Officer or at the University Human Resources Office.

ADDING A DOMESTIC PARTNER, SAME SEX SPOUSE, OR CIVIL UNION PARTNER TO CITY HEALTH BENEFITS COVERAGE

Beginning January 1, 1994, 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. 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 (Refer to Section B for information regarding same sex couples who marry).

Section A: Domestic Partnership

Health Insurance Benefits Coverage

You may enroll your domestic partner and your domestic partner's eligible children for health benefits coverage. This will change your coverage status from individual to family, if you were not previously enrolled in family coverage, as well as your health benefit payroll deduction.

You are encouraged to consult with your tax advisor to determine the tax consequences of your domestic partnership health benefits coverage.

You are also encouraged to consult with your legal advisor to determine any credit and collection implications, debt obligations, and legal consequences of your domestic partnership registration and health benefits enrollment.

Welfare Fund Benefits Coverage

Your domestic partner may also be eligible to be covered for benefits provided by your union welfare fund. After your application is approved and accepted, you will receive a letter that can be presented to your welfare fund to verify the eligibility of your domestic partner for welfare fund coverage. The various union welfare funds are responsible for determining whether your domestic partner is eligible for welfare fund benefits. Please contact those offices directly.

Adding A Domestic Partner To City Health Benefits Coverage

If you live in a jurisdiction that:

1) *Has Adopted A Policy Of Allowing Legal Registration For Domestic Partners*

a. You must legally register your domestic partnership in the state or county of residency.

b. Obtain and complete a Health Enrollment Application Form (ERB) from your college Human Resources Office. The form is also available from the NYC Office of Labor Relations, Domestic Partnership Unit (212) 306-7605 or the web at www.nyc.gov/html/olr/html/health/health_benefits_pros.shtml.

Note the following special instructions:

- In the space provided for martial status, write "Domestic Partnership" and provide the date of registration in the space provided for date of event.
- 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.

c. Submit to your College Human Resources Office[1] the completed and signed ERB, and the original document indicating registration of Domestic Partnership.

d. The College Human Resources Office will send all documentation, including originals, to the City for processing. All original documents will be returned to you.

NOTE:

New York City residents must register their partnership with the City Clerk's Office. The cost of registration is $36. The City Clerk will issue a Certificate of Domestic Partnership. The Office of the City Clerk can be reached at (212) 669-8190 or visit their website at http://nycmarriagebureau.com/about/domesticpartnership.html.

Westchester County residents must register their partnership with the Westchester County Clerk's Office. The cost of registration is $35. The County Clerk's Office will issue a Certificate of Domestic Partnership. The Westchester County Clerk's Office can be reached at (914) 995-3070 (Legal Division) or visit their website at http://www.westchesterclerk.com/sections.asp?mu_step=007.005

New Jersey residents must register their partnership with a Local Registrar's Office. The cost of registration is $28. The Local Registrar's Office will issue a Certificate of Domestic Partnership. For further information on registering a domestic partner in New Jersey visit their website at http://www.state.nj.us/health/vital/dp2.shtml. A listing of the Local Registrars, their phone numbers and address can be found at www.state.nj.us/health/vital/regbycnty.shtml.

2) *Has Not Adopted A Policy Of Allowing Legal Registration For Domestic Partners*

a. You must complete and notarize an Alternative Affidavit of Domestic Partnership and a sworn Declaration of Financial Interdependence.

[1]All records pertaining to a domestic partnership application for health plan benefits will be held in strict confidence in a manner consistent with the handling of health benefits records of all City and CUNY employees. You have the option to designate your health plan records confidential. In this case, submit your application for health plan benefits and required documentation to the University Employee Benefits Office instead of to your college. Please call (212) 794-5342 for information. Your paper work or records pertaining to the domestic partner will not be kept at your college of employment. The University Employee Benefits Office, 535 East 80th Street, New York, New York 10075 will maintain all records.

b. Obtain and complete a Health Enrollment Application Form (ERB) from your college Human Resources Office. The form is also available from the NYC Office of Labor Relations, Domestic Partnership Unit (212) 306-7605 or the web at www.nyc.gov/html/olr/html/health/health_benefits_pros.shtml.

   Note the following special instructions:
   - In the space provided for martial status, write "Domestic Partnership" and provide the date of registration in the space provided for date of event.
   - 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.

c. Submit to your College Human Resources Office[2] the completed and signed ERB, the original Alternative Affidavit of Domestic Partnership and the sworn Declaration of Financial Interdependence (Attachment II) along with two original proofs evidencing financial interdependence.
d. The College Human Resources Office will send all documentation, including originals, to the City for processing. All original documents will be returned to you.

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

You may register your domestic partnership at the time you wish to use available benefits or you may register your domestic partnership now for possible use of the benefits at a later date. It is not necessary for you to register your domestic partnership now if you do not choose to do so. Medical claims for a domestic partner may not be submitted unless you have completed registration and health benefits enrollment. No employee or retiree is eligible to register as a domestic partner if at the time of registration or at any time during the prior six months was registered as a member of another domestic partnership.

NOTE: If you would like greater confidentiality, please submit your request to add a domestic partner to City health benefits directly to the University Employee Benefits Office, 535 East 80th Street, 4th Floor, New York, NY 10075.

IMPORTANT NOTE ON TAX CONSEQUENCES OF HEALTH BENEFITS FOR DOMESTIC PARTNERS

You should be aware that, under IRS rulings, health insurance coverage for domestic partners are includable in gross income for taxation purposes, except where the domestic partner is a dependent pursuant to the IRS. For federal tax purposes, the value of the health insurance coverage will be

[2] All records pertaining to a domestic partnership application for health plan benefits will be held in strict confidence in a manner consistent with the handling of health benefits records of all City and CUNY employees. You have the option to designate your health plan records confidential. In this case, submit your application for health plan benefits and required documentation to the University Employee Benefits Office instead of to your college. Please call (212) 794-5342 for information. Your paper work or records pertaining to the domestic partner will not be kept at your college of employment. The University Employee Benefits Office, 535 East 80th Street, New York, New York 10075 will maintain all records.

added to the gross income of any employee who has applied for and is receiving health insurance coverage for his/her domestic partner.

Consequently, unless you have indicated and provided proof 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 must be included as income on 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.

Termination of Domestic Partnership

A domestic partner may terminate a registered domestic partnership by filling a Termination of Domestic Partnership (Attachment III) with your college Human Resources Office. Additionally, you must notify your college Benefits Officer of any changes to your domestic partnership status, such as marriage, as this will affect the total amount of taxable income that is added to your W2 for Domestic Partner coverage.

NOTE: If you live in a jurisdiction that has adopted a policy of allowing legal registration for domestic partners, you must file with the state or county of residency a termination statement stating that the Domestic Partnership is terminated. You may be subject to a fee for domestic partnership termination.

Section B: Same Sex Marriage or Civil Union

The marriage or civil union must occur in a jurisdiction where same sex marriages or civil unions, as applicable, are legal. The marriage or civil union certificate issued by such jurisdiction will be sufficient documentation to add the spouse or partner to health benefits. However, under federal law, the same sex spouse or civil union partner may not be treated as "married" to the employee for purposes of reporting to the City and State the market value of fringe benefits provided to the employee.

Employees will need to submit the marriage or civil union certificate, as applicable, and complete a Health Enrollment Application (ERB) if they wish to add their same sex spouse or civil union partner to coverage. It is not necessary to add the same sex spouse or civil union partner to coverage immediately following the marriage or civil union event date, nor must the employee wait for an open enrollment period.

Section C: Bereavement Leave

CUNY employees are entitled to bereavement leave in the event of the death of a domestic partner, or the death of a domestic partner's parent, child or relative residing with you. CUNY employees similarly are entitled to bereavement leave in the event of the death of a same sex spouse or civil union partner, or the death of a same sex spouse's or civil union partner's parent, child, or relative residing with you. CUNY employees in a title covered by the White or Blue Collar contracts with the City University of New York are eligible for bereavement leave of up to four days.

ATTACHMENT I

ALTERNATIVE AFFIDAVIT OF DOMESTIC PARTNERSHIP

STATE OF)
: SS.:
COUNTY OF)

The undersigned, being duly sworn, depose and declare as follows:

We are both eighteen 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 prior to the date of this affidavit.

One of us is employed by or retired from an agency or institution whose employees and retirees are covered by the New York City Health Benefits Program.

Neither of us has been registered as a member of another domestic partnership within the last six (6) months.

_____	_____
Print Name	Print Name
_____	_____
Signature	Signature

Sworn to before me this
day of _____, 20____

_____
NOTARY PUBLIC

ATTACHMENT II

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 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 _____, 20___

_____
NOTARY PUBLIC

EXAMPLES OF ITEMS OF PROOF FOR THE DECLARATION OF FINANCIAL INTERDEPENDENCE

Listed below are examples of items of proof that may be acceptable attachments to a Declaration of Financial Interdependence. Other items of proof may also be acceptable. You must provide an original plus a photocopy of all items of proof. The original documents will be returned to you.

JOINT BANK ACCOUNT
- -Statements with both names
- -Check with both names
- -Passbook with both names

JOINT CREDIT CARD
- -Statement with both names

JOINT OBLIGORS ON LOAN
- -Note or other loan origination document with both names

JOINT OWNERSHIP OF RESIDENCE
- -Deed or other sale/transfer document with both names
- -Property or water tax document with both names

Joint TENANTS ON LEASE
- -Lease with both names

COMMON HOUSEHOLD EXPENSES
- -Utility/telephone bill with both names
- -Public assistance document with both names

JOINT VEHICLE OWNERSHIP
- -Title in both names

JOINT WILLS
- -Copy of will or wills, with each party naming the other as beneficiary and/or executor.

POWER OF ATTORNEY
- -Copy of Powers of Attorney with each party naming the other party and no limitation on the term of the documents

HEALTH CARE PROXY
- -Copy of health care proxies/living wills, with each party giving the other party the power to make health care/non-resuscitation decisions upon incapacitation

LIFE INSURANCE
- -Copy of policy with one party naming the other as beneficiary*

RETIREMENT BENEFITS
- -Copy of beneficiary designation form with one party designating the other as beneficiary*

* Does not have to be the enrollee designating the dependent.

ATTACHMENT III

TERMINATION OF DOMESTIC PARTNERSHIP

I, _____, do herby declare that I no longer have a domestic
(Employee/Retiree Name)

partnership with_____.
(Name of Former Domestic Partner)

I file this Termination of Domestic Partnership in order to cancel the Statement of Domestic

Partnership filed by me on _____. I understand that I may
(Date)

not file another Statement of Domestic Partnership until six (6) months have passed from this date.

I understand that my former domestic partner may be eligible for a continuation of health

insurance benefits under COBRA regulations. My former domestic partner's current address is:

_____

_____

I also understand that if I registered my domestic partnership in a state or county that has adopted a policy of allowing legal registration for domestic partners, I should advise the appropriate State or County Clerk's Office, using their applicable forms, of the termination of my domestic partnership.

_____ _____
(Employee/Retiree Signature) (Social Security Number)

_____ _____
(College of Employment) (Date)

Received by:_____Date:_____
(Human Resources Director, or designee)