

OVERVIEW OF HEALTH COVERAGE FOR EMPLOYEES' DOMESTIC PARTNERS

How Does an Employee Qualify for This Benefit?

- If an employee and his or her partner are "domestic partners", they can qualify for medical benefits by filing an Affidavit of Domestic Partnership with the District Plan Administrator or designated representative.
 - "Domestic Partners" are defined in the affidavit as "two adults who have chosen to share their lives in an intimate and committed relationship, reside together, and share a mutual obligation of support for the basic necessities of life."
 - Specifically, the affidavit asks employees seeking this benefit to:
 - acknowledge that they and their domestic partner are not related by blood to a degree of closeness that would prohibit legal marriage
 - are mutually responsible for the cost of basic living expenses
 - are both at least the minimum age of consent in the state in which they reside
 - reside together and intend to do so indefinitely; and that neither is married to anyone else.
 - Enrollment of domestic partners may only occur during the District's annual enrollment period. The effective date must coincide with the beginning of the District's plan year.
- If an employee chooses to exercise this option, he or she will be able to choose from medical care plans offered by insurers that have agreed to provide coverage of domestic partners.
- The effective date of coverage may only be on the annual enrollment date for the District that next follows the receipt of the signed Health Care Enrollment Statement and Affidavit of Domestic Partnership.

What Happens to the Domestic Partner's Coverage When the Employee Leaves Employment or Dies?

- Although a domestic partner does not have the right to COBRA coverage under current federal law, the District has decided to offer continued coverage in certain cases in which COBRA coverage would not be available to a domestic partner and his or her eligible dependents, if any.
- Districts may allow a covered domestic partner, and his or her dependents, if any, to continue coverage at the COBRA rate applicable to the plan following:
 - The employee's termination of employment, until the expiration of the employee's COBRA coverage, for up to 18 months
 - The death of the employee, for up to 36 months.
- Except in the event of the employee's death, the domestic partner shall not be permitted to continue coverage beyond the date of the termination of the domestic partner relationship, or beyond the date that the domestic partner becomes eligible for coverage under Medicare.

What are the Tax Consequences of Electing This Benefit?

- **The district cannot provide tax or legal advice on the implications of adding domestic partner coverage. Individuals should review the implications with their own legal or tax counsel.**

Are There Other Legal Consequences to Electing This Benefit?

Employees wishing to opt for this benefit are advised to consult an attorney regarding the possibility that the filing of Domestic Partnership may have other legal consequences. Including, it may, in the event of termination of the Domestic Partner relationship, be regarded as a factor leading a court to treat the relationship as the equivalent of marriage for the purpose of establishing and dividing community property, or for ordering payment of support.