

City of Alexandria, Virginia DOMESTIC PARTNER BENEFITS

This applies to active regular, full-time and regular part-time employees who work 10 or more hours a week.

WHAT ARE THE REQUIREMENTS FOR DOMESTIC PARTNERSHIP?

To establish a domestic partnership, you and your partner must *either*,

1) satisfy all of the following requirements:

- Is in a relationship of mutual support, caring, and commitment with the employee, in which both intend to remain.
- Has been sharing a primary residence as domestic partner with the employee for at least six continuous months unless residing in different geographical areas on a temporary basis.
- Is not currently married to, nor part of a civil union or domestic partnership, with anyone else, and whose employee domestic partner can attest to the same. Has not been in a marriage with the benefitted employee within the last three years.
- Is at least 18 years of age or an emancipated minor.
- Is not the employee's parent, child, sibling, grandparent, grandchild or any blood relation that would bar marriage in the State of Virginia.
- Shares joint responsibility for one another's common welfare and basic needs for at least six continuous months, as evidenced by at least two (2) of the following for the employee and eligible same/opposite-sex domestic partner (see below in the section on *Required Evidence*) :
 - named parents in a co-parenting or adoption agreement
 - joint mortgage, lease, or title
 - joint ownership of motor vehicle or bank account or credit card account
 - designation of domestic partner as a primary beneficiary of employee's life insurance, retirement benefits, or will
 - assignment of a Durable Power of Attorney or Health Care Proxy to one another.

or,

2) legally register the domestic partnership, if:

- a domestic partnership registration system exists in the jurisdiction where the employee resides; and
- the Benefits Division of the Human Resources Department determines that the legal requirements for registration are substantially similar to the requirements listed under 1) above.

WHAT EVIDENCE IS REQUIRED FOR DOMESTIC PARTNERSHIP?

You must provide the following:

1) *either,*

- the attached *Affidavit For Domestic Partnership* signed in the presence of a notary public by both the employee and the employee's partner under penalty of perjury declaring that they satisfy the requirements of domestic partnership; or
- an official copy of the domestic partnership registration.

and;

2) evidence that you and your partner share items described in at least 2 of the following (*this requirement does not apply to a qualified, registered domestic partnership*):

- a joint housing lease, mortgage, or deed;
- joint ownership of a motor vehicle;
- a joint checking or credit account;
- designation of the partner as a primary beneficiary of the employee's life insurance, retirement benefits, or residuary estate under a will; or
- designation of the partner as holding a durable power of attorney for health care decisions regarding the employee.

UNDER WHICH GROUP INSURANCE PLANS MAY I ENROLL MY DOMESTIC PARTNER AND MY PARTNER'S ELIGIBLE DEPENDENTS?

You may enroll your domestic partner and your partner's eligible dependents in your health and dental plans. Due to limitations on the current life insurance policy, dependent life insurance cannot not be extended to a domestic partner or a partner's dependents.

Please note that, under current tax law, reimbursements cannot be made from your Health Care Flexible Spending Account of expenses incurred by your domestic partner or your partner's eligible dependents, unless they are your legal tax dependents. The same is true for the Dependent Care Flexible Spending Account, in addition to other qualifying requirements that apply.

WHO QUALIFIES AS AN "ELIGIBLE DEPENDENT" OF MY DOMESTIC PARTNER FOR GROUP INSURANCE PURPOSES?

The following dependents of your domestic partner are eligible dependents for group insurance purposes:

- the children of your domestic partner, under the age of 26, including a natural child, stepchild, a legally adopted child, a child placed for adoption or a child for whom you or your domestic partner are the legal guardian; or
- the unmarried child of your domestic partner, who is or becomes disabled before age 26 as certified by a City-sponsored health plan, and qualifies as a tax dependent of your domestic partner.

HOW DO I ENROLL MY DOMESTIC PARTNER AND MY PARTNER'S ELIGIBLE DEPENDENTS IN MY GROUP INSURANCE PLANS?

To enroll your domestic partner and your partner's eligible dependents:

- file a notarized *Affidavit For Domestic Partnership*, with all required supporting evidence with the Benefits Division of the Human Resources Department (*affidavit form is attached*);
- within 30 days of filing the affidavit with all required supporting evidence,
 - complete a benefit enrollment form if you are changing your level of coverage due to the addition of your domestic partner and your partner's eligible dependents;
 - complete a dependent information form to add your domestic partner and your partner's eligible dependents (*please note that proof of eligibility, such as a birth certificate, is required to add your partner's eligible dependents to your group insurance plans*); and
 - complete any forms required by your group insurance plan to add a dependent.

All forms must be received by the Benefits Division of the Human Resources Department within 30 days of filing a domestic partnership affidavit with all required supporting evidence; if not, you will have to wait until the next open enrollment period to add your domestic partner and your partner's eligible dependents, to be effective the next plan year.

HOW DOES THE ADDITION OF MY DOMESTIC PARTNER AND MY PARTNER'S ELIGIBLE DEPENDENTS TO MY GROUP INSURANCE PLAN AFFECT MY TAX SITUATION?

Internal Revenue Service regulations require different tax treatment for group insurance costs associated with domestic partner coverage. In cases where the partner does not qualify as a tax dependent under the IRS Code in determining the tax effect of domestic partner coverage, the City will assume that neither your domestic partner nor your partner's eligible dependents qualify as tax dependents, unless you are able to provide documentation to the contrary.

For active employees who pay their portion of the group insurance costs with pre-tax payroll deductions, the addition of a domestic partner and the partner's eligible dependents to those group insurance plans will have the following effects:

Payroll Deduction

For each group insurance plan to which you add your domestic partner and your partner's eligible dependents –

- you will pay the difference between your cost for single coverage and your cost for the coverage level that includes the addition of your domestic partner and your partner's eligible dependents, with after-tax deductions; if you are already above the single coverage level because you cover a tax-qualified dependent, then the portion of that difference described above, to be paid with after-tax deductions will be adjusted to reflect the proportion that your domestic partner and your partner's eligible dependents bear to the total number of dependents you cover;

- the amount remaining between your total cost (which includes the addition of your domestic partner and your partner's eligible dependents) and the amount paid with after-tax deductions (as determined above), will be paid with pre-tax deductions.

Examples:

1)

- you currently have single coverage, the cost of which = \$20;
- after adding your domestic partner and your partner's two children, your coverage level increases to family and your cost = \$50;
- the difference between your cost for single coverage and your cost for family coverage = \$50 - \$20 or \$30;
- the after-tax portion of your total deduction of \$50 for family coverage = \$30;
- the pre-tax portion of your total deduction of \$50 for family coverage = \$50 - \$30 or \$20.

2)

- you currently have family coverage, that includes your two children, the cost of which = \$50;
- your cost, if you had single coverage = \$20;
- after adding your domestic partner and your partner's two children, your coverage level remains as family and your cost remains = \$50;
- the difference between your cost for single coverage and your cost for family coverage = \$50 - \$20 or \$30;
- the proportion of dependents covered via the domestic partnership to the total dependents you cover, including those covered via the domestic partnership = 3/5 or 60%;
- the after-tax portion of your total deduction of \$50 for family coverage = 60% x \$30 or \$18;
- the pre-tax portion of your total deduction of \$50 for family coverage = \$50 - \$18 or \$32.

Imputed Income

If you cover dependents who do not qualify as tax dependents under the IRS Code, the value of the City's contribution toward that coverage is considered wages, subject to tax withholding. This is known as *imputed income*. The way that imputed income is determined is very similar to the way that your after-tax deduction is determined, except that the amount the *City* pays is substituted for the amount *you* pay.

Examples

1)

- you currently have single coverage, for which the City pays = \$80;
- after adding your domestic partner and your partner's two children, your coverage level increases to family and the City now pays = \$200;
- the difference between the City's cost for single coverage and the City's cost for family coverage = \$200 - \$80 or \$120;
- you will have reportable imputed income = \$120, subject to tax withholding from your paycheck.

2)

- you currently have family coverage, that includes your two children, for which the City pays = \$200;
- if you had single coverage, the City would pay = \$80;
- after adding your domestic partner and your partner's two children, your coverage level remains as family and the City's cost remains = \$200;
- the difference between the City's cost for single coverage and the City's cost for family coverage = \$200 - \$80 or \$120;
- the proportion of dependents covered via the domestic partnership to the total dependents you will cover, including those covered via the domestic partnership = $\frac{3}{5}$ or 60%;
- you will have reportable imputed income = \$120 x 60% or \$72, subject to tax withholding from your paycheck.

For active and retired employees who pay their portion of the group insurance costs with after-tax deductions from their paycheck or retirement check, or through direct bill, the addition of a domestic partner and the partner's eligible dependents to those group insurance plans will have only the imputed income effect described above.

WHAT IF MY DOMESTIC PARTNERSHIP ENDS?

Should your relationship with your domestic partner end, or you no longer meet the domestic partnership requirements, the domestic partner and the partner's eligible dependents are no longer eligible for coverage under the City of Alexandria's group insurance plans. You must notify the Benefits Division of the Human Resources Department (on an approved form) within 30 days of the termination event. In such case, benefits will terminate or continue for the domestic partner and the partner's eligible dependents as they would for a former spouse under similar circumstances (such as a divorce). For example, the domestic partner and the partner's eligible dependents may be able to continue their health coverage under COBRA.

PLEASE NOTE:

The information presented in this material has been prepared to assist you in understanding the provisions of domestic partner benefits. While this material attempts to summarize the provisions of domestic partner benefits and answer questions you may have, it is by no means exhaustive or exclusive. NO GUARANTEE OR CONTRACT IS CREATED BY THIS MATERIAL. In the event that this material conflicts with City of Alexandria Code, federal law or the Virginia Code in effect, the language of the City of Alexandria Code, the federal law and the Virginia Code will be the final authority. If you have questions, please contact the Benefits Division of the Human Resources Department at (703) 746-3785.

Revised: July 2013

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**CITY OF ALEXANDRIA
AFFIDAVIT FOR DOMESTIC PARTNERSHIP**

(ALL REQUIRED EVIDENCE AND DOCUMENTATION MUST BE ATTACHED TO THIS FORM)

Part I

I, _____, Social Security # _____
Employee - Print Name

and I, _____, Social Security # _____
Domestic Partner - Print Name

affirm, under penalty of perjury, that we are domestic partners as defined under the City of Alexandria Code, Section 33-22 in that either –

(1) We satisfy **all** the following requirements:

- (A) Are in a relationship of mutual support, caring, and commitment with the employee, in which both intend to remain.
- (B) Have been sharing a primary residence as domestic partner with the employee for at least six continuous months unless residing in different geographical areas on a temporary basis.
- (C) Are not currently married to, nor part of a civil union or domestic partnership, with anyone else, and whose employee domestic partner can attest to the same. Has not been in a marriage with the benefitted employee within the last three years.
- (D) Are at least 18 years of age or an emancipated minor.
- (E) Are not the employee's parents, child, sibling, grandparent, grandchild or any blood relation that would bar marriage in the State of Virginia.
- (F) Share joint responsibility for one another's common welfare and basic needs for at least six continuous months, as evidenced by at least two (2) of the following for the employee and eligible same/opposite-sex domestic partner (**evidence required**):
 - 1) named parents in a co-parenting or adoption agreement
 - 2) joint mortgage, lease, or title
 - 3) joint ownership of motor vehicle or bank account or credit card account
 - 4) designation of domestic partner as a primary beneficiary of employee's life insurance, retirement benefits, or will
 - 5) assignment of a Durable Power of Attorney or Health Care Proxy to one another.

or,

(2) The jurisdiction in which we reside has a domestic partner registration system and we have legally registered the domestic partnership in that jurisdiction (**an official copy of the domestic partnership registration is required; also the legal requirements for registration must be substantially similar to the requirements under (1) above**).

Part II

Termination of domestic partnership.

(1) We understand that we must notify the Benefits Division of the Personnel Services Department (on an approved form) within 30 days after:

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STATEMENT OF DISSOLUTION OF DOMESTIC PARTNERSHIP

I, _____, Social Security Number _____
Employee - Print Name

and I, _____, Social Security Number _____
Domestic Partner - Print Name

file this Statement of Dissolution of Domestic Partnership in order to cancel or revoke the City of Alexandria Affidavit for Domestic Partnership previously filed.

We declare and acknowledge that our relationship no longer meets all of the City's criteria to qualify as a Domestic Partnership effective as of _____.
Date (print)

We understand that if the domestic partner and/or their dependent children have been covered by the City's group health and/or dental plans, the effect of our relationship no longer meeting the City's criteria for a Domestic Partnership, is that the domestic partner and/or their eligible dependents, if any, are no longer eligible to be covered by the City's group health or dental coverage, in accordance with the terms of the underlying plan. The above is subject to any provisions in such plan permitting the continuation of coverage in the event of termination of a Domestic Partnership relationship.

I, _____, understand that this Statement of Dissolution of Domestic Partnership is irrevocable and that I will be eligible to submit another City of Alexandria Affidavit for Domestic Partnership only when I satisfy all the requirements as outlined in the Affidavit.
(Employee – print name)

Employee's Signature Date

Subscribed and sworn to before me this _____ day of _____ 20____.
State of _____
County of _____

, Notary Public

My commission expires _____

Domestic Partner's Signature Date

Subscribed and sworn to before me this _____ day of _____ 20____.
State of _____
County of _____

, Notary Public

My commission expires _____