

## INSTRUCTIONS FOR ENROLLING DOMESTIC PARTNERS

To determine if your domestic partner qualifies for coverage, read these instructions and attach information on the eligibility requirements, the affidavits you both must sign, the proof you must submit, and the enrollment application.

The affidavits and documents you are required to submit are intended to establish the eligibility of your domestic partner for benefits available to you as a member of the STA BENEFIT TRUST. It is recommended that you seek advice from your attorney regarding any possible legal and financial implications before you proceed.

### **Who is eligible for Domestic Partner Coverage?**

Coverage shall be limited to: 1) persons who have reached at least eighteen (18) years of age; 2) have been involved in a committed relationship for at least a period of no less than twelve (12) months; 3) restricted to persons who are unrelated and not married to another partner; 4) and are financially interdependent and responsible for the expenses and financial obligations of the other partner in accordance with the attached Domestic Partner Coverage Requirements.

### **How do I enroll a Domestic Partner?**

**A. If only applying for Trust benefits then:** You and your partner must complete the following forms and submit the required documentation:

- I. Affidavit of Domestic Partnership
- II. Proof of 12 Month Residency
- III. Affidavit of Financial Interdependence
- IV. Benefit Trust Enrollment Form

Completed documents should be returned to your building Trust representative along with copies of two items of proof of financial interdependence and proof of twelve-month residency. The Affidavit of Financial Interdependence includes a list of acceptable proofs.

**B. IF ALSO APPLYING FOR MEDICAL COVERAGE FROM THE DISTRICT THEN: ONLY submit a letter to the Trust from the District confirming Domestic Partner medical coverage. A copy of your Partner's medical insurance card is acceptable: OR see a Trust Rep for a form letter for completion.**

### **Effective Date of Coverage**

If the required documents and proofs are provided, the effective date of coverage will be the first day of the next month after the STABT approves the Domestic Partner coverage.

### **Terminating Domestic Partner Coverage**

When a domestic partner relationship ends, the employee must fill out and sign the Termination of Domestic partnership form within 31 days of the termination. The employee will not be eligible to enroll another domestic partner or re-enroll the same partner until 12 months after the Termination of Domestic Partnership form was submitted to the STA Benefit Trust.

### **Other Information**

ADDITIONAL TAXABLE INCOME TO THE EMPLOYEE will result from covering a Domestic Partner. See your Trust rep for details. Eligibility for coverage of children of domestic partners will continue to be based on the plan's eligibility criteria for "Eligible Dependents." Domestic partners who survive a deceased employee will be eligible for dependent survivor coverage under the same circumstances as surviving spouses. Domestic partners are not eligible for COBRA coverage.

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