

Domestic Partner Verification Checklist

Enrollee Name: _____ SSN: _____

Required Documentation

(Please check appropriate boxes)

☐ Enrollee submitted two proofs of financial interdependency. Both proofs are from List A. Enrollee has also submitted one proof of Residency.

☐ Enrollee submitted two proofs of financial interdependency. One proof is from List A; one proof is from List B. Enrollee has also submitted one proof of Residency.

- At least one document must be dated between November 1, 2008 and February 1, 2009.
- The other two documents can be dated prior to November 1, 2008 as long as they are still currently valid.
- Documents dated after February 1, 2009 are not acceptable.
- Residency documents must list the same address for both the enrollee and the domestic partner.

Non-Federally Qualified Domestic Partner

As Health Benefits Administrator, I have approved this enrollee's Non-Federally qualified domestic partner for reinstatement effective 02/01/09. Attached is a copy of the acceptable documentation. Please process the reactivation of the domestic partner.

HBA Signature: _____ Date: _____

Note: Transactions to reinstate a Non-Federally qualified Domestic Partner must be processed on NYBEAS by the Employee Benefits Division.

OR

Federally Qualified Domestic Partner

As Health Benefits Administrator, I have approved and

☐ processed *OR* ☐ requested a Correction

to reinstate the enrollee's domestic partner effective 02/01/09. Attached is a copy of the acceptable documentation.

HBA Signature: _____ Date: _____

1. LIST A – Proof of Financial Interdependency:

- ☐ a. Joint obligation on a loan (including an affidavit by a creditor for a personal loan)
- ☐ b. Designation of one partner as the representative payee for the other's government benefits
- ☐ c. Joint ownership of residence
- ☐ d. Joint ownership of holding investments
- ☐ e. Joint renters' or home owners' insurance policy
- ☐ f. Joint ownership or lease of a motor vehicle
- ☐ g. Joint responsibility for child care (e.g., school documents, guardianship). Birth certificate of child alone is not sufficient.
- ☐ h. Both listed as tenants on the lease of shared residence
- ☐ i. Designated as beneficiary under the other's life insurance policy, retirement benefits account or will or executor of each other's will
- ☐ j. Mutually granted authority to make health care decisions (e.g., health care power of attorney)
- ☐ k. Share a household budget for the purpose of receiving government benefits
- ☐ l. Mutually granted durable power of attorney

2. LIST B – Proof of Financial Interdependency:

- ☐ a. Joint bank account
- ☐ b. Status as authorized signatory on the partner's bank account, credit card, or charge card
- ☐ c. Joint credit or charge card(s)

3. Proof of Residency:

- ☐ a. Auto registration
- ☐ b. Passport
- ☐ c. Bank statement
- ☐ d. Pay check stub
- ☐ e. Driver's license
- ☐ f. 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)
- ☐ g. Mailed insurance benefits statement
- ☐ h. Mailed joint membership statement with address (e.g., church or family association)
- ☐ i. Tax return
- ☐ j. Lease agreement listing both parties
- ☐ k. Telephone bill
- ☐ l. Mortgage agreement listing both parties
- ☐ m. Utility bill