

## Domestic Partner Option

In 1995, New York State reached an agreement with representatives of all State employee bargaining units to extend health care coverage to domestic partners of State employees. This benefit was also extended to non-represented State employees and is offered, **on an optional basis**, to Participating Agencies. If a Participating Agency elects to offer domestic partner coverage, the Agency must adhere to the domestic partnership benefit eligibility requirements collectively negotiated by the State unions; these requirements can not be changed by the Agency.

A Participating Agency has the **option** to extend domestic partner availability to all employees and retirees or to classes or categories of active employees (e.g., may elect to offer to teachers and not offer to other staff) as well as non-active employees (retirees, vestees). The contribution rate for Family coverage that includes a domestic partner cannot differ from the Agency's rate for other Family coverage.

### *Who is eligible to be covered as a Domestic Partner?*

An unmarried enrollee may cover a same or opposite sex partner if the enrollee can document that:

1. They have resided together for at least six (6) months;
2. They have a committed, long term relationship of mutual support;
3. They have assumed a long term financial responsibility or have mutual financial responsibility.

Persons who live together for economic reasons, but who have not made a commitment to an exclusive enduring domestic partner relationship **will not** be considered to be domestic partners.

If a Participating Agency chooses to elect Domestic Partner coverage, they should:

1. Send a copy of the official resolution or other written confirmation of the decision to offer Domestic Partner coverage to the Employee Benefits Division with an effective date.
2. Contact the Employee Benefits Division to request a Domestic Partner package.
3. Have the enrollee complete the Domestic Partner packet with the appropriate proofs and return the completed packet to their Agency. The Agency must submit the completed packet to the Employee Benefits Division for approval with a signed PS 503.1 form.

Employers that contemplate providing this benefit should seek expert tax advice so that they are fully aware of the tax implications and reporting requirements for both employers and employees, and can provide accurate information on the tax implications to enrollees.