



State of New York
 Department of Civil Service
 Alfred E. Smith State Office Bldg.
 Albany, NY 12239

EMPLOYEE BENEFITS DIVISION

APPLICATION FOR ENROLLING DOMESTIC PARTNERS IN THE NEW YORK STATE HEALTH INSURANCE PROGRAM AND AFFIDAVIT OF DOMESTIC PARTNERSHIP
 (Excludes PAs) PS-425.1 (5/11)

Review Form PS-425 to determine whether you and your Domestic Partner may qualify for NYSHIP Domestic Partner Coverage. If you are currently a NYSHIP enrollee and determine that your partner may qualify for Domestic Partner coverage, complete this application and submit it with the required documentation as described on page 2 (reverse) of this form. You must be able to answer "YES" to all of the questions on this page and be able to provide the required documentation in order to qualify for Domestic Partner coverage under NYSHIP.

- | | <u>Yes</u> | <u>No</u> |
|---|--------------------------|--------------------------|
| 1. We are each at least 18 years of age or older. | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. We are not related by blood in a manner that would bar marriage under New York State law. | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Neither of us is legally married to anyone else. If either of us has been married before, we are submitting proof that the marriage(s) have been legally terminated (legal separation does not constitute a termination of marriage). | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. I, the enrollee, have not had a Domestic Partner enrolled in NYSHIP as my dependent within the last year. | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. We have shared the same residence for at least the last six months and have included Proof of Residence as described on page 2 of this form. | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. We have had an exclusive mutual commitment to share responsibility for each other's welfare and financial obligations for at least the last six months and we expect that commitment to last indefinitely. We included proof of joint responsibility for basic financial obligations as described on page 2 of this form. | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. I, the enrollee, understand that I am required to file a completed Form PS-425.4, Termination of Domestic Partnership, within 14 days of the date my domestic partnership ends or when I no longer can provide proof of one or more of the above requirements. | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. I, the enrollee, understand that any false or misleading statements made will subject me to financial responsibility for any benefits paid on behalf of my partner and/or my partner's children. I understand that false statements may result in disciplinary action by my employer and/or result in criminal and/or civil penalties and in other legal actions such as the prosecution of insurance fraud. | <input type="checkbox"/> | <input type="checkbox"/> |

Enrollee Signature (*sign in presence of Notary*) _____ **Date** _____

Sworn to before me _____ this day of _____, _____

 NOTARY PUBLIC

Personal Privacy Protection Law Notification

The information you provide on this application is requested for the principal purpose of administering the New York State Health Insurance Program, Dental Program, Vision Program, and/or Employee Benefit Fund Program. This information will be used in accordance with Section 96 (1) of the Personal Privacy Protection Law. Failure to provide the information requested may prevent the Department from processing this application. This information will be maintained by the Employee Benefits Division, NYS Dept. of Civil Service, Alfred E. Smith State Office Building, Albany, NY 12239. For information related to the Personal Privacy Protection Law, call (518) 457-9375. **For more information concerning the Domestic Partnership Program, please call (518) 457-5754 or 1-800-833-4344 between the hours of 9:00 a.m. and 3:00 p.m.**



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You are required to submit documentation as outlined below. In addition to providing proof of your eligibility for Domestic Partner coverage at the time of application, you are required to maintain the ability to provide proof of eligibility for as long as you wish to continue to cover your Domestic Partner as your dependent in NYSHIP.

1. Proof of Joint Responsibility for Basic Financial Obligations. You must submit two forms of proof from the list below. Each form of proof must show that you and your Domestic Partner share joint responsibility for basic financial obligations and have done so for at least six (6) months immediately preceding the date of application, and be valid on the date of your application. If you submit proof that is older than six months you are also required to submit that same form of proof that is dated within 30 days of your application. Check the boxes below that show each form of proof you are submitting.

At least one of your two documents submitted must be from List A. You may submit either two documents from List A, or one document from List A and one document from List B.

List A

- Joint mortgage or lease agreement / Joint ownership of residence
- Joint wills or designation of the Domestic Partner as executor and/or primary beneficiary
- Designation of the Domestic Partner as beneficiary for life insurance or retirement benefits
- Designation of the Domestic Partner as durable power of attorney
- Mutual grant of authority to make health care decisions (e.g., health care power of attorney)
- Joint obligation on a loan (may submit a creditor's affidavit for a personal loan)
- Joint ownership of a brokerage investment account
- Joint insurance policy (homeowners or renters policy, motor vehicle policy)
- Joint ownership or lease of a motor vehicle
- Joint financial responsibility for child care (e.g., school tuition, guardianship)
- Joint household budget for the purpose of receiving government benefits
- Status as an authorized signatory on the partner's bank account, credit card or charge card
- Designation of one partner as the representative payee for the other's government benefit

List B

- Joint bank account
- Joint credit card or charge card
- Other evidence of joint financial responsibility or of economic interdependence

2. Proof of Cohabitation You must submit one form of proof from the list below to prove that you and your Domestic Partner have resided together for at least six months immediately preceding the date of application. If you submit proof that is older than six months, you are also required to submit that same form of proof that is dated within 30 days of your application. This proof may be one document on which both names appear or two separate documents that specify each partner's residential address.

- Bank statement mailed to residential address
- Pay check stub
- Driver's license or automobile registration showing residential address
- Insurance benefits statement mailed to residential address
- Joint membership statement mailed to residential address (e.g., church or other organization)
- Tax return listing residential address
- Telephone/Utility bill mailed to residential address
- 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)