

M-NCPPC DOMESTIC PARTNER FAQs

1) What is the definition of Domestic Partnership?

A Domestic Partnership is a relationship between a Plan Participant and one (1) other person of the same or opposite sex.

2) Who is eligible for Domestic Partner benefits?

Domestic partners must meet all the criteria below:

- Be at least 18 years of age and mentally competent to consent to contract.
- Share a primary residence.
- Not be related to the other by blood or marriage within four degrees of consanguinity under civil law rule.
- Not be married or in a civil union or domestic partnership with another individual.
- Be financially interdependent for at least six (6) consecutive months prior to the filing of the Domestic Partner Affidavit. Each individual contributes, to some extent, to the other individual's maintenance and support with the intention of remaining in the relationship indefinitely.

3) What documentation is required to prove a domestic partnership?

In addition to the notarized Affidavit of Domestic Partnership, domestic partners must provide one (1) of the documents from List A and one (1) of the documents from List B (see below). **Documentation must be dated at least 6 months prior to the date of application.**

List A:

- Common ownership of the primary residence via joint deed or mortgage agreement;
- Common leasehold interest in the primary residence;
- Driver's licenses or State-issued identifications listing a common address;
- Utility or another household bill with both the name of the insured and the name of the domestic partner appearing; or
- Joint renter's or homeowner's insurance policy.

List B:

- Joint bank account or credit account;
- Designation as the primary beneficiary for life insurance or retirement benefits of the domestic partner;
- Designation as the primary beneficiary under the domestic partner's will;
- Mutual assignments of valid durable powers of attorney under Estates and Trusts
- Mutual valid written advanced directives approving the other domestic partner as health care agent;
- Joint ownership or holding of investments;
- Joint ownership or lease of a motor vehicle; or
- Joint responsibility for child care, such as guardianship or school documents.

4) What healthcare benefits are available for Domestic Partners?

Domestic Partners will be eligible for medical, prescription, dental and vision benefits.

5) Will dependents of a Domestic Partner be eligible for benefits?

The same eligibility criteria will be used for dependents of Domestic partners as is used for all employees.

6) Can I cover my Domestic Partner's dependents without covering my Domestic Partner?

No, you may not cover a Domestic Partner's dependents unless the Domestic Partner is covered under the same plan(s).

7) When can I add a Domestic Partner/Dependents to my healthcare benefit plans?

- During this One-Time Special Enrollment Period, beginning November 27, 2023 and ending December 15, 2023. If you add your Domestic Partner during this period, healthcare benefits will be effective January 1, 2024.
- As a new hire (within 45 days)
- During the Annual Open Enrollment Period
- Within 45 days of experiencing a Qualifying Life Event, including:
 - Birth or adoption of a child;
 - The employee's domestic partner gaining or losing coverage at his/her job; or
 - The employee's status changing from full-time to part-time status or vice versa.

The employee must contact the Health & Benefits Office within 45 days of the event and submit required documentation.

8) Can I add my sibling as my domestic partner?

No, the following individuals are ineligible for participation as a domestic partner if they are the employee's:

- Parents
- Siblings, nieces or nephews
- Grandparents and their descendants (aunts, uncles, cousins)
- Renters, roommates, boarders or tenants

9) Can I cover my Domestic Partner if they also work at M-NCPPC?

Yes, but only if they do not have employee coverage or are covered as a dependent of another employee. Because of the tax implications, however, it may be to your benefit for each of you to maintain separate coverage due to the imputed income you would pay. Please consult with your tax advisor.

10) Will Retirees be able to cover Domestic Partners?

Retirees may, as of the date of their retirement, cover a Domestic Partner (and dependents) under retiree healthcare plan(s) if the Domestic Partner (and dependents) met the 36-month rule (covered under the retiree's healthcare plan(s) or comparable plan(s) on a continuous basis for the 36-month period immediately preceding the date of retirement). Domestic Partners (and eligible dependents) meeting the 36-month rule as of the date of the employee's retirement may be added at a later date if they show proof of continuous comparable coverage during the hiatus.

Retirees may not add new Domestic Partners after they retire.

11) What are the tax consequences if I have a Domestic partner?

Your domestic partner and his or her dependents are not considered eligible dependents for tax purposes. The value of the coverage provided to your domestic partner and any eligible dependents of your partner becomes taxable income to you. This means the cost of the coverage is considered wages, subject to tax withholding (federal, state and Social Security), otherwise termed imputed income. If you and your domestic partner marry during the year in which you began receiving domestic partner benefits, you will be considered married for the entire tax year for IRS tax filing purposes. Please consult with your legal and/or tax advisor for further guidance.

12) How do I drop my Domestic Partner from coverage if our partnership ends?

Employees must complete a Termination of Domestic Partnership and submit it to the Health & Benefits Office within 30 days of the termination date. Benefits of a former Domestic Partner (and dependents) will be terminated at the end of the month in which the termination of the domestic partnership occurred.

Failure to notify the Health & Benefits Office within 30 days of the termination date may result in your responsibility to refund M-NCPPC for benefits paid for the ineligible individuals.

To access the Termination of Domestic Partnership form, click here (or place URL in browser): www.mncppc.org/DocumentCenter/View/23111.

13) After I've terminated my previous domestic partnership, can I file another affidavit and enroll my new domestic partner?

There is a twelve-month waiting period from the date of termination of a former domestic partnership before you can file another Affidavit of Domestic Partnership to enroll a new domestic partner.

14) Are Domestic Partners (and dependents) eligible for COBRA if the employee dies, loses employment or the domestic partner relationship ends?

The Consolidated Omnibus Budget Reconciliation Act (COBRA), enacted by Congress in 1985, requires most employers to offer qualified beneficiaries the opportunity to pay for temporary continued health coverage for themselves and their enrolled dependents when their coverage ends due to the termination of employment (other than for gross misconduct) and other triggering events. Qualified beneficiaries include covered

(enrolled) employees, enrolled spouses, and dependent children of covered employees. In addition, qualified beneficiaries include children born to or adopted by a covered employee during a period of COBRA continuation coverage. Unlike spouses and dependent children of covered employees, domestic partners and their dependents are not qualified beneficiaries under COBRA and therefore do not have individual (independent) COBRA rights separate from the employee; that is, they do not have the right to elect their own individual continuation coverage when the employee's coverage ends. However, an employee who elects COBRA has the right to elect to continue coverage for a domestic partner and their enrolled dependents if the domestic parties were covered on the plan immediately prior to the employee's COBRA-qualifying event. In addition, an employee who elects COBRA has the right to add a domestic party during a subsequent open enrollment period.

15) Will I need to recertify my Domestic Partnership?

No, you do not have to recertify your Domestic Partnership. Once approved by M-NCPPC, no further action is required on the employee's part unless the Domestic Partnership is terminated. If terminated, the employee must contact the Health & Benefits Office within 30 days of the termination and submit a Termination of Domestic Partnership form.

Disclaimer

In the event that this material conflicts with Maryland Code 31.10.35.03, other State or federal law, or collective bargaining agreements in effect, the language of those documents will be the final authority.