

Effective \_\_\_\_\_, St. John Fisher College (College) will extend medical and dental coverage to the domestic partners of College employees and their dependents. These benefits are described below.

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Domestic partners are defined as unmarried couples of the same sex or opposite sex who are eighteen (18) years of age or older and not related by blood. They have a close and committed personal and financial relationship, currently live together, and have been living together on a continuous basis for at least 12 months prior to applying for domestic partner benefits.

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The child of a domestic partner may also be covered if he or she is an eligible dependent. An eligible dependent is the natural, adopted, step- or foster child of a domestic partner who meets all of the following criteria:

- Unmarried;
  - Receives 50% of his or her support from you or your domestic partner;
  - Lives in your household as his or her principal place of residence (unless her or she lives at school or lives elsewhere as the result of divorce or separation);
  - Not employed on a full-time basis, except on school vacations; and
  - Under age 26.
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Domestic partners of active employees (and their eligible dependents) will be eligible for coverage under the following benefit programs.

- Medical.
- Dental.

To add or remove a domestic partner (and their eligible dependents) under the College's coverage at any time during the year, other than during open enrollment, there must be a qualifying event.

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To secure coverage for a domestic partner and/or his/her dependents, you and your domestic partner must first read the \_\_\_\_\_, provide the requested information and sign it in the presence of a notary public.

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When the \_\_\_\_\_ is completed, please return it to the Human Resources Department. Next, to enroll your domestic partner (and/or his/her dependents) in the health and/or dental plans, you will be required to complete the online enrollment form. It is important to note that you need to indicate "domestic partner" under the spouse option on the form. If you are enrolling dependents as well, you will need to indicate "family" on the enrollment form.

*\*Note – Your domestic partner and/or his/her dependents cannot participate in the benefit plans until we have received the completed \_\_\_\_\_ and the online benefit enrollment forms.*

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When you have an event that no longer qualifies your domestic partner and/or dependents for benefit coverage:

- You must submit the \_\_\_\_\_ form to the Human Resources Department, terminating your domestic partnership coverage within 30 days of the change of status. *Please refer to the “Domestic Partner Eligibility” section of this document for further explanation.*
- You will need to complete the "termination" section of the benefit enrollment form as required by our benefit carriers.

Before you can file another \_\_\_\_\_ with the same or different domestic partner, you must again meet all requirements for at least twelve (12) consecutive months.

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Please note that domestic partners and their dependents do not qualify for continuation coverage under COBRA.

Sample Tax Scenario Worksheet

Provided by the Payroll Department