



Domestic Partner Benefit Coverage Frequently Asked Questions

General Questions

1. What is the definition of a domestic partner?

A domestic partner is defined as an individual, 18 years of age or older, of the same or opposite gender as the employee, who shares a primary residence and common resources of life with a city employee.

2. What documentation is required to add my domestic partner to my Benefits?

Employees must complete an *Application for Domestic Partnership Benefits Coverage* form to enroll his/her domestic partner and child(ren) in the City of Plano's benefits. At the time of application, the employee and his/her domestic partner must have shared a primary residence for the previous six (6) continuous months. Proof of residency is required. Employees who complete the *Application for Domestic Partnership Benefits Coverage* form are eligible to participate in the City's leave policies for his/her domestic partner.

Leave Administration Questions

3. What leave policies can I use for my domestic partner?

Employees are able to use sick leave, bereavement leave, family medical leave (FML) and catastrophic leave to care for their domestic partner.

4. Can I use sick leave, family medical leave or catastrophic leave to care for the child(ren) of my domestic partner?

Employees are eligible to take leave for his/her domestic partner's child(ren) if the employee has completed an *Application for Domestic Partnership Benefits Coverage* form and meets the residency requirements of the program.

5. Can I take leave for my domestic partner if I do not enroll in the City's health benefits?

Employees are not required to enroll their domestic partner in the City's health insurance benefits to take advantage of the City's leave policies. If an employee is interested in taking leave for his/her domestic partner, they must complete an *Application for Domestic Partnership Benefits Coverage* form and return it to Human Resources. Please see question 2 for additional information.

6. How will my supervisor know that my domestic partner qualifies under our revised leave policies?

Once your *Application for Domestic Partnership Benefits Coverage* form is verified by Human Resources, you will receive a form that depicts your eligibility to participate in the City's leave policies. You will be required to submit your eligibility form to your supervisor when you wish to take leave for your domestic partner/child(ren).

7. Is it my supervisor's responsibility to verify eligibility of my Family Medical Leave (FML) request?

No, supervisors will follow our normal process for FML. Human Resources/ Risk Management will determine eligibility.

Health Insurance Coverage Questions

8. What health benefits are available to domestic partners?

Eligible benefit offerings include:

- medical
- dental
- vision
- COBRA and
- Flexible Spending Accounts (FSA) for tax dependent dependent(s) only.

Please see question 13 for tax implications.

9. What are the requirements to add my domestic partner to my health benefits?

Employees may enroll a domestic partner for benefit coverage if:

- The employee is eligible for benefits;
- The employee is not legally married to anyone else;
- The employee does not already cover a spouse on their health benefit plans; and
- The employee, at the time of the requested enrollment, shares a primary residence with his/her domestic partner and has done so for the previous six (6) continuous months.

10. When can I add my domestic partner to my health benefits?

Employees are eligible to enroll a domestic partner during Open Enrollment or within 31 days from a qualifying event. Qualifying events occur when:

- A domestic partner newly meets the six (6) month eligibility criteria

11. Can I add dependent children of my domestic partner?

Yes, dependent children of a domestic partner are eligible for coverage until they turn 26 years old. Employees must provide a copy of birth certificates to add dependents for insurance coverage.

12. 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, tenants or employees

13. Will the premiums for my domestic partner benefits be taken pre-tax?

Per IRS guidelines, health insurance coverage for domestic partners is a taxable benefit to the employee unless a domestic partner qualifies as a tax-qualified dependent under IRS rules. Therefore, employees who enroll domestic partners will be required to sign a *Domestic Partnership Tax Dependent Status Form*, which allows employees to state if their domestic partner and/or domestic partner's children qualify as a tax dependent.

- If they qualify, premiums will be paid pre-tax.
- If they do not qualify, premiums will be paid post-tax and the City's premium contributions for domestic partners/children will be considered imputed income. Imputed income is subject to tax withholding and Medicare tax.

14. What if my domestic partner is also an employee?

If your domestic partner is also an employee and eligible for benefits, you must elect coverage separately.

15. What happens upon termination of the domestic partnership?

Employee must sign a *Revocation of Domestic Partnership Benefits Coverage* form within 31 days of termination of the partnership. After termination of coverage, employees may not add a new domestic partner earlier than six (6) months from the date the *Revocation of Domestic Partnership Benefits Coverage form* was submitted.

16. If my previous partnership terminates, may I enroll a new domestic partner?

Yes, but the second domestic partnership must have been in existence at least 6 months since the termination of the last relationship. The date that is entered on the *Revocation of Domestic Partnership Benefits Coverage* form will be used as the termination date for determining eligibility of a subsequent domestic partner.