

St. Lawrence University

Summary of Domestic Partner Benefits

St. Lawrence University provides benefit eligibility to domestic partners of faculty and staff. This document summarizes the University's domestic partner policy.

What is a Domestic Partnership?

A Domestic Partnership is defined as two individuals of the same or opposite sex who live together in a long-term relationship of indefinite duration, who share joint responsibility for each other's common welfare and living expenses, and who have an exclusive mutual commitment similar to that of marriage. The partners must be at least 18 years of age, mentally competent to contract, and not related by blood to a degree of closeness that would bar marriage in New York State or the state in which they reside. They must also not be married to, or legally separated from, anyone else or have any other domestic partner.

What benefits are available to a Domestic Partner?

All University benefits available to spouses of married employees are available to domestic partners. Available benefits include health insurance, dental insurance, tuition-free courses, bookstore discount, and use of campus facilities. In addition, requests for family leave due to the illness or death of a domestic partner will be given the same consideration as for a spouse.

How and when do I apply for benefits for my Domestic Partner?

A Certification of Marriage or Domestic Partnership form is available in the Human Resources office. This form must be completed before benefits may be obtained for a domestic partner, spouse, or dependent child who has not previously received University benefits. Although proof of marriage, domestic partnership, or dependent status will not be routinely required, the University reserves the right to require such proof at any time.

Standard enrollment provisions apply to domestic partners as well as legal spouses. For example, in the case of health and dental insurance, a domestic partner may be enrolled (1) within 31 days of marriage or the date the partnership began, or (2) within 31 days of when the spouse or partner lost other group health coverage, or (3) during the annual open enrollment period in December, with coverage effective the following January 1.

The Certification may be completed in advance or at the time a benefit is requested. This requirement will apply to all employees who request benefits for a spouse, domestic partner, or dependent child who has not previously received University benefits.

What are the costs associated with receiving benefits for my Domestic Partner?

According to the Internal Revenue Code, the University may provide tax-free benefits only to spouses and qualifying dependents (as defined by the Code). Therefore, there are tax implications for the employee when a benefit is provided to a domestic partner.

In addition to paying the normal “employee share” of the premium for family health insurance, employees will also have to pay taxes on the University’s contribution toward a domestic partner’s coverage.

Similarly, employees who receive tuition benefits for domestic partners must pay taxes on the value of the tuition benefit received.

What happens if my partner and I terminate our relationship, or my relationship no longer meets the criteria of a Domestic Partnership?

You must notify the University within 31 days of ending the relationship. Your partner will no longer be eligible for University benefits when the relationship is terminated. The University will extend the same health insurance continuation option to a former domestic partner that it does to divorced spouses under the provisions of COBRA.

If you have other questions, please contact Debra Mousaw, Associate Director of Human Resources, at ext. 5597.

February 2008

St. Lawrence University
Certification of Marriage or Domestic Partnership

Section I

Employee:

 Last First M.I.

Husband/
 Wife:

 Last First M.I.

Date of Birth _____ SS# _____

Date of Marriage: _____

Domestic
 Partner:

 Last First M.I.

Date of Birth _____ SS# _____

Date Domestic Partnership began: _____

Dependents:

| Name: | Date of Birth | Social Security # | Relationship to Employee |
|----------|---------------|-------------------|--------------------------|
| 1. _____ | _____ | _____ | _____ |
| 2. _____ | _____ | _____ | _____ |
| 3. _____ | _____ | _____ | _____ |
| 4. _____ | _____ | _____ | _____ |
| 5. _____ | _____ | _____ | _____ |
| 6. _____ | _____ | _____ | _____ |
| 7. _____ | _____ | _____ | _____ |
| 8. _____ | _____ | _____ | _____ |

Section II

Relationship Certification

- A. To be completed by MARRIED EMPLOYEE
I hereby certify that the person listed is my husband/wife and that he/she meets the definition of spouse in Section III of this certification form.

Signature Date

- B. To be completed by EMPLOYEE WITH DOMESTIC PARTNER
I hereby certify that the person listed above is my domestic partner and that he/she meets the definition for such in Section III of this certification form.

Signature Date

Section III

Definitions and Documentation

- A. Spouse: A person to whom you are currently married as recognized under New York or other applicable law.
- B. Domestic Partner: A same sex or opposite sex partner to whom you are not married. The domestic partner relationship must have the following characteristics:
- the partners are at least 18 years old and mentally competent to contract;
 - the individuals are each other's sole domestic partner and intend to remain so indefinitely;
 - the individuals are not married to or legally separated from anyone else;
 - the partners are not related by blood to a degree of closeness that would prohibit legal marriage in the state in which they reside;
 - the individuals are living together in the same residence and intend to do so indefinitely;
 - the individuals are engaged in a committed relationship of mutual caring and support and are jointly responsible for each other's common welfare and living expenses;
 - the individuals are not in the relationship solely for the purpose of obtaining benefits from the University.
- C. An employee may not certify more than one spouse or domestic partner at any one time.

D. Eligible dependents are your unmarried dependent children who either meet the IRS definition of dependency under Section 152 of the Internal Revenue Code or are court-ordered dependents, for Health Benefits. Documentation of dependency may be required by the University at any time. Acceptable documentation includes a current tax return or a copy of the relevant court order of support.

E. Documentation of marriage or domestic partnership is required by the University. Acceptable documentation includes:

- ◆ A valid copy of the marriage certificate, or
- ◆ Copies of at least three of the following:
 - ◇ Evidence of joint residence. Appropriate documentation would include any of the following:
 - Evidence of joint purchase of a home;
 - A copy of a lease for a residence identifying both parties as responsible for payment of rent;
 - Other evidence of joint residence such as
 - the addresses on drivers' licenses
 - the addresses on voters' registrations
 - the addresses on passports
 - ◇ Evidence of a joint checking account.
 - ◇ A title for a car showing joint ownership.
 - ◇ Evidence of joint liability for credit cards.
 - ◇ Evidence that the spouse/domestic partner is the primary beneficiary of the employee's 403(b) retirement account and life insurance.
 - ◇ Evidence of durable powers of attorney for property or health.
 - ◇ Wills specifying the spouse/domestic partner as the major recipient of the employee's financial assets or the administrator of the assets if the dependents are the major recipients.

F. If appropriate documentation, as specified above, is not provided by the employee within 31 days of a request for documentation by the University, the spouse/domestic partner will be immediately ineligible for University benefits.

Section IV

Change in Status

Marriage or Domestic Partnership Status

I agree to notify St. Lawrence University if there is any change in our status (marriage or domestic partnership), as certified in this statement, which would make the spouse/domestic partner no longer eligible for Health Benefits. I will notify the Office of Human Resources within 31 days of the change by filing a Statement of Termination. The Statement of Termination shall affirm that the marriage or domestic partnership is terminated or no longer eligible for Health Benefits and that a copy of the Statement of Termination has been mailed to the other party by the employee.

Dependent Status

I further agree to notify St. Lawrence University if there is any change in the status of any of my dependents, which would make him or her ineligible for benefit coverage. Such notification of change in status must be communicated in writing to the Office of Human Resources within 31 days of the change.

Signature

Date

Section V

Acknowledgments

In completing and signing this certification form, I am aware of and agree to the following terms and conditions:

1. *False Certification.*

I understand that falsely certifying eligibility, or otherwise misstating, misrepresenting or omitting facts relevant to eligibility, may result in disciplinary action (including dismissal). I further understand that such conduct may subject me to civil and/or criminal prosecution for benefits wrongfully obtained and that I may become liable for such benefits and expenses associated with the recoupment (including reasonable attorney's fees).

2. *Tax Status of Health Care Premiums and Tuition Benefits paid by the University on behalf of Domestic Partners.*

I understand that the Internal Revenue Service regulations do not exempt Health Benefit premiums or tuition paid by an employer on behalf of an employee's domestic partner. For this reason the University may automatically include the value of any such benefits in my taxable income.

3. *Confidentiality.*

I understand this application and the information contained in it will be maintained by the University as a confidential personal document, and shall not be disclosed in the absence of the employee's written consent except as necessary to provide benefits coverage or otherwise as required by law.

4. *Affirmation.*

I affirm that the assertions in this document are, to the best of my knowledge, true and accurate.

Signature

Date