State of New York
Department of Civil Service
Albany, NY 12239

EMPLOYEE BENEFITS DIVISION

Application for Domestic Partner Benefits and Affidavit of Domestic Partnership and Financial Interdependence for Enrollees of Participating Agencies

PS-427.1 (3/06)

The undersigned, being duly sworn, depose and declare as follows:

1. We are both eighteen years of age or older and not married to other individuals. If either or both of us have been married, we submit evidence of the termination of the marriage(s).

2. We are not related by blood in a manner that would bar marriage under the laws of the State of New York.

3. We are each other's sole domestic partner, have been so for at least six (6) months prior to the date of this affidavit, and intend to remain so indefinitely. We are in a relationship of mutual support, caring and commitment, and have assumed responsibility for each other's welfare.

4. We have been living together on a continuous basis for at least six (6) months prior to the date of this affidavit and submit proof of qualifying cohabitation (see reverse side for proof of residency).

5. As domestic partners we are financially interdependent. We submit clearly unaltered copies of documents with two proofs of our financial interdependence (see reverse side for proofs of financial interdependence).

6. One of us is enrolled in the New York State Health Insurance Program (NYSHIP).

7. I, the enrollee, affirm that I have not had a domestic partner enrolled in NYSHIP as my dependent within the last year.

8. I, the enrollee, affirm that I will file a *Termination of Domestic Partnership* form (PS-425.4) within 14 days of the date I/my partner no longer meet one or more of the qualifying criteria set forth above.

9. I, the enrollee, understand that any false or misleading statements made in order to receive benefits for which I do not qualify will subject me to financial responsibility for any benefits paid on behalf of my partner and potential disciplinary action by my employer.

Print Name (Enrollee)	Print Name (Partner)
Social Security No.	Social Security No.
	Date of Birth
Address	Address
Signature *(sign in presence of notary)*	Signature *(sign in presence of notary)*

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 determining the eligibility of a domestic partner for benefits under the New York State Health Insurance Program and/ or Employee Benefit Fund Program. The information will be used in accordance with Section 96 (1) of the Personal Privacy Protection Law, particularly subdivisions (b), (e) and (f). Failure to provide the information requested may prevent the Department from processing this application. This information will be maintained by the Director, Division of Employee Benefits, NYS Dept. of Civil Service, Albany, NY 12239. For information related only to the Personal Privacy Protection Law, call (518) 457-9375.

For information, related to the Domestic Partnership Program, contact your Agency Health Benefits Administrator. If, after calling your Health Benefits Administrator, you need 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 NEED A TOTAL OF 3 SEPARATE PROOFS*, AS DESCRIBED BELOW (1 PROOF OF COHABITATION DURATION AND 2 PROOFS OF FINANCIAL INTERDEPENDENCE)

*Proofs should be clearly unaltered copies of original documents.

Proof of Six Months of Cohabitation

You must submit proof that you and your partner have resided together for at least six (6) months. The proof may be one document with both names or two separate documents that show the residence of each partner. The following is a list of items that can be used to demonstrate proof of residency.

Submit one (1) of the following (check proof submitted):

- ☐ Auto registration
- ☐ Bank statement
- ☐ Driver's license
- ☐ Mailed insurance benefits statement
- ☐ Mailed joint membership statement with address (e.g., church or family association)
- ☐ Lease agreement listing both parties
- ☐ Mortgage agreement listing both parties
- ☐ Passport
- ☐ Pay check stub
- ☐ 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)
- ☐ Tax return
- ☐ Telephone bill
- ☐ Utility bill

Proof of Financial Interdependence

You must submit two (2) copies of clearly unaltered original documents as proof of financial interdependence of at least six months duration. Below is a list of acceptable proofs (**at least one of the two items must be from List A**). **Check the two (2) proofs you are submitting:**

Note: "Joint" proofs must contain both names (enrollee and domestic partner). Original documents will be copied only to the extent necessary to document receipt and returned to you.

LIST A

- ☐ Joint obligation on a loan (including an affidavit by a corporate creditor for a personal loan)
- ☐ Joint ownership of your residence
- ☐ Joint renters' or home owners' insurance policy
- ☐ Joint responsibility for child care (e.g., school documents, guardianship) Birth certificate of child alone is not sufficient.
- ☐ Designated as beneficiary under the other's life insurance policy, retirement benefits account or will or executor of each other's will
- ☐ An affidavit by a corporate creditor or other disinterested third party attesting to partners' shared financial commitment
- ☐ Mutually granted durable power of attorney
- ☐ Designation of one partner as the representative payee for the others government benefits
- ☐ Joint ownership or holding of investments
- ☐ Joint ownership or lease of a motor vehicle
- ☐ Mutually granted authority to make health care decisions (e.g., health care power of attorney)
- ☐ Both listed as tenants on the lease of shared residence
- ☐ Same-sex marriage or civil union certificate
- ☐ Shared a household budget for the purpose of receiving government benefits
- ☐ Partner claimed as a dependent for federal tax purposes (you must complete and submit PS-425.3)

LIST B

- ☐ Joint bank account
- ☐ Joint credit or charge card(s)
- ☐ Status as authorized signatory on the partner's bank account, credit card or charge card
- ☐ Other proof establishing economic interdependence