



PLEASE READ INSTRUCTIONS PAGES BEFORE YOU COMPLETE AND SUBMIT THIS APPLICATION.

**1-9 EMPLOYEE INFORMATION**

1. Last Name	First Name	MI
2. Social Security Number ___ - ___ - _____	3. Gender <input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/> X	
4. Permanent Address Street	City	State Zip
5. Mailing Address (If different) Street	City	State Zip
6. Work Address Street	City	State Zip
7. Date of Birth __ / __ / _____	8. Telephone Primary ( )	Work ( )
9. I wish to add my Domestic Partner to: <input type="checkbox"/> Medical <input type="checkbox"/> Dental (NY/PE only) <input type="checkbox"/> Vision (NY/PE only)		

**10-15 DOMESTIC PARTNER INFORMATION**

10. Last Name	First Name	MI
11. Social Security Number ___ - ___ - _____	12. Gender <input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/> X	13. Date of Birth __ / __ / _____
14. Domestic Partner is age 65 or older: <input type="checkbox"/> Yes <input type="checkbox"/> No Domestic Partners age 65 or older <b>MUST</b> be enrolled in Medicare Parts A and B to avoid a reduction of benefits.		
15. Domestic Partner covered under medicare: <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, provide the following:	Medicare ID Number	
	Medicare Part A Start Date __ / __ / _____	Medicare Part B Start Date __ / __ / _____

**You must submit a NYSHIP Health Insurance Transaction Form in addition to this application if you wish to add any of your Domestic Partner’s children to your NYSHIP coverage.**

**SECTION A**

You and your Domestic Partner must be able to answer “YES” to all statements below and provide the required documentation in order for your Domestic Partner to qualify for coverage under NYSHIP.

- YES**
- We are each 18 years of age or older.
  - We are not related in a manner that would bar marriage in New York State.
  - I am not legally married. (Select applicable box below.)
    - I have never been married.
    - I am divorced and have attached a copy of my divorce decree
    - I am widowed and have attached a copy of my spouse’s death certificate.
  - My Domestic Partner is not legally married. (Select applicable box below.)
    - They have never been married.
    - They are divorced and attached is a copy of their divorce decree.
    - They are widowed and attached is a copy of their spouse’s death certificate.
  - Neither I, nor my partner, have had a Domestic Partner enrolled in NYSHIP within the last year.
  - We have shared the same residence for at least the last six months and included proof of cohabitation as described in Section B of this form.
  - We have had an exclusive mutual commitment to share responsibility for each other’s welfare and financial obligations for at least the last six months and expect that commitment to last indefinitely. We included proof of joint responsibility for basic financial obligations as described in Section B of this form.
  - I, the enrollee, understand that I am required to file a completed *Termination of Domestic Partnership for NYSHIP Form (PS-425.4)*, within 30 days of the date my domestic partnership ends or when I no longer can provide proof of one or more of the above requirements.

## SECTION B

You are required to submit documentation as outlined in **Proof of Joint Responsibility for Basic Financial Obligations** and **Proof of Cohabitation** below. In addition to providing proof of eligibility for Domestic Partner coverage at the time of application, you are required to maintain the ability to provide proof of eligibility for as long as you wish to continue to cover your Domestic Partner as your dependent in NYSHIP. You may be required to periodically provide proof of your Domestic Partner's eligibility. If at any time, you cannot provide proof of eligibility of your Domestic Partner as your dependent, then your partnership is no longer in effect and you must complete and submit *Termination of Domestic Partnership for NYSHIP Form (PS-425.4)*.

Your domestic partnership is considered to be in effect as of the earliest documented date that you and your Domestic Partner were both living together and financially interdependent. This date will be referred to as your "Partnership Establishment Date," and will be used to determine when your Domestic Partner can enroll in NYSHIP coverage. If you provide separate proofs of cohabitation and financial interdependence that are at least six months old, your domestic partnership will be considered established as of the date of the more recent of those proofs. All establishing proofs must verify your domestic partnership has been in place for a minimum of six months. You will be required to provide a financial proof that is fewer than six months old to confirm the partnership is still in place.

### **Proof of Joint Responsibility for Basic Financial Obligations**

You must submit two forms of proof from the checklist below and check the items you are submitting. One of these proofs must be at least six months old on the date you submit this form. The second proof from this list must be dated within six months of the date you submit this form and must be a different form of proof than the older proof submitted. For example, if you provide a statement from your joint bank account as your first form of proof, you cannot provide a more recent statement from the same bank account as second form of proof. However, a single form of proof can serve as proof of joint responsibility for basic financial obligations and as proof of cohabitation, if it is an acceptable form of proof for both.

#### **Acceptable proofs are as follows:**

- Joint mortgage or lease agreement
- Joint ownership of residence
- Joint wills or designation of the Domestic Partner or the enrollee as executor and/or primary beneficiary
- Designation of the Domestic Partner as beneficiary for life insurance or retirement benefits
- Designation of the Domestic Partner or the enrollee as durable power of attorney (health care proxy forms are not acceptable proof)
- Joint obligation on a loan (may submit a creditor's affidavit for a personal loan)
- Joint ownership of a brokerage investment account
- Joint insurance policy (homeowners' or renters' policy)
- Joint ownership or lease of a motor vehicle
- Joint financial responsibility for child care (e.g., school tuition, guardianship)
- Joint household budget for the purpose of receiving government benefits
- Status as an authorized user on the partner's bank account, credit card or charge card
- Designation of one partner as the representative payee for the other's government benefit
- Joint bank, joint credit card or joint charge card account statements, or letters from the financial institution confirming effective date

**Proofs such as a motor vehicle insurance policy listing the Domestic Partner as a driver or a phone bill listing the Domestic Partner as a user are not acceptable.**

**SECTION B (CONTINUED)**

**Proof of Cohabitation**

You must submit at least one form of proof from the checklist below and check the box for the proof you are providing to prove that you and your Domestic Partner reside together. All documents submitted for proof of cohabitation must be at least six months old as of the date you submit this form. This proof may be one document on which both names appear or two separate documents that specify each partner's residential address and contain a residential address. P.O. boxes are not acceptable proofs.

**Acceptable proofs are as follows:**

- Bank statement mailed to residential address
- Pay check stub
- Driver's license or automobile registration showing residential address
- Insurance benefits statement mailed to residential address
- Joint membership statement mailed to residential address (e.g., church or other organization)
- Joint mortgage or lease agreement
- Joint ownership of residence
- Tax return listing residential address
- Telephone/utility bill mailed to residential address
- Registration as a domestic partnership in a New York State municipality that has established such a procedure

**SECTION C**

In order for a Domestic Partner of a NYSHIP enrollee to be considered a federally qualified dependent, your partner must meet all four tests to be a qualifying relative as defined in Section 152(d) of the Internal Revenue Code, including the gross income test. **It is recommended that you seek the advice of a tax professional before you complete this affidavit.**

Name of Dependent \_\_\_\_\_ Social Security Number \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_

- DOES fully qualify as my dependent under Internal Revenue Code Section 152. Checking this box is my official affirmation to NYSHIP that **I am not subject to federal tax withholding** for any imputed income resulting from benefits extended to my Domestic Partner. I understand that I will be required to complete *Dependent Tax Affidavit for Domestic Partner Enrollment in NYSHIP Form (PS-425.3)*, if my Domestic Partner's status under IRC Section 152 changes at any time.
- DOES NOT qualify as my dependent under Internal Revenue Code Section 152. Checking this box is my official affirmation to NYSHIP that **I am responsible for reporting and paying federal tax on any imputed income** resulting from benefits extended to my Domestic Partner. I understand that if I am enrolled in the Pre-Tax Contribution Program, that the dependent portion of the cost of my NYSHIP family coverage will be taken on a post-tax basis because my dependent is not federally qualified. I understand that I will be required to complete *Dependent Tax Affidavit for Domestic Partner Enrollment in NYSHIP Form (PS-425.3)*, if my dependent's status under IRC Section 152 changes at any time.

**PERSONAL PRIVACY PROTECTION LAW NOTIFICATION**

The information you provide on this application is requested in accordance with Section 163 of New York State Civil Service Law for the principal purpose of administering the New York State Health Insurance Program. This 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 interfere with our ability to comply with your request. This information will be maintained by the Director, Employee Benefits Division, Department of Civil Service, Albany, NY 12239; (518) 473-1977. For information relating only to the Personal Privacy Protection Law, call (518) 457-9375.

**AUTHORIZATION**

I, the enrollee, and my Domestic Partner, understand that any false or misleading statements made in Sections A, B, or C of this NYSHIP Domestic Partner Enrollment Application will subject me to financial responsibility for any benefits paid on behalf of my partner and/or my partner's children. I understand that false statements may result in disciplinary action by my employer and/or result in criminal and/or civil penalties and in other legal actions such as the prosecution of insurance fraud.

▶ Print Enrollee Name \_\_\_\_\_

▶ Enrollee's Signature \_\_\_\_\_ Date \_\_ / \_\_ / \_\_\_\_  
(Sign in the presence of notary)

▶ Print Domestic Partner Name \_\_\_\_\_

▶ Domestic Partner's Signature \_\_\_\_\_ Date \_\_ / \_\_ / \_\_\_\_  
(Sign in the presence of notary)

**Acknowledgment to Be Completed by a Notary Public**

State of \_\_\_\_\_ County of \_\_\_\_\_

On the \_\_\_\_\_ day of \_\_\_\_\_ in the year \_\_\_\_\_ before me, the undersigned, personally appeared \_\_\_\_\_, personally known to me or proved to me on the basis of satisfactory evidence to be the individual(s) whose name(s) is (are) subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/ their capacity(ies), and that by his/her/their signature(s) on the instrument, the individual(s), or the person upon behalf of which the individual(s) acted, executed the instrument.

▶ Notary Public \_\_\_\_\_  
(Please sign and affix stamp)



The following information pertains to the enrollment of Domestic Partners under the New York State Health Insurance Program (NYSHIP).

## HOW TO APPLY

Submit the following items to the appropriate office:

- *NYSHIP Domestic Partner Enrollment Application (PS-425)*, with supporting documentation as noted on the form.
- Photocopy of your Domestic Partner's Birth Certificate.
- Your Domestic Partner's Social Security Number.
- Photocopy of your Domestic Partner's Medicare Card and enrollment dates (if applicable).
- Photocopy of your and/or your Domestic Partner's divorce decree that includes the date filed stamp (if applicable).
- Photocopy of your and/or your Domestic Partner's deceased spouse's death certificate (if widowed).
- Photocopy of your Domestic Partner's child's Birth Certificate (if applicable).
- Your Domestic Partner's child's Social Security Number (if applicable).
- Photocopy of Domestic Partner's child's Medicare card and enrollment dates (if applicable).

You must submit a *NYSHIP Health Insurance Transaction Form* in addition to this application if you wish to add any of your Domestic Partner's children to your NYSHIP coverage.

Applications filed without all of these items will not be processed. If all required documentation is not submitted within 30 days of the signed Form PS-425, it will not be accepted. A new Form PS-425 will need to be completed, and the later signed request will be used as the date of request.

## WHERE TO SUBMIT YOUR APPLICATION AND PROOFS

Your work status and the type of employer you work for or retired from will determine where you should submit the completed application and proofs. If you are unsure of your employer type, please contact your employer (or former employer, if you are retired) to confirm before mailing the form.

**Active Employees** should submit their forms and required proofs to their agency's **Health Benefits Administrator (HBA)**.

**Participating Agency (PA) Retirees** should submit their forms and proofs to the HBA of the agency from which they retired.

**All New York State and Participating Employer (PE) Retirees** should submit their documents and proofs to the **New York State Department of Civil Service** at the following address:

New York State Department of Civil Service, Employee Benefits Division, Albany, NY 12239

## SECTION A – DOMESTIC PARTNER ELIGIBILITY REQUIREMENTS

You and your Domestic Partner must affirm "Yes" to each of the statements listed in Section A in order for your Domestic Partner to qualify for coverage under NYSHIP. If you cannot affirm "Yes" to each statement, your Domestic Partner is **not eligible** for coverage under NYSHIP.

## SECTION B – REQUIRED PROOFS

To cover your Domestic Partner in NYSHIP, you must submit proof of joint responsibility for basic financial obligations and proof of cohabitation.

For proof of joint responsibility for basic financial obligations, you must submit two documents from the list on PS-425. One of these proofs must be at least six months old on the date you submit your PS-425. The second proof from this list must be dated within six months of the date that you submit your PS-425 and be a different form of proof than the older proof submitted. For example, if you provide a statement from your joint bank account as your first form of proof, you cannot provide a more recent statement from that same bank account as the second form of proof.

For proof of cohabitation, you must submit at least one document from the list included on PS-425. You may submit one document on which both names appear or two separate documents that specify each partner's residential address. Proofs of cohabitation must contain a residential address, not a PO Box. All documents submitted for proof of cohabitation must be at least six months old on the date you submit your PS-425.

## **SECTION B – REQUIRED PROOFS (CONTINUED)**

Your domestic partnership is considered to have been established as of the earliest documented date that you and your Domestic Partner were both living together and financially interdependent. This date will be referred to as your “Partnership Establishment Date,” and will be used to determine when your Domestic Partner may be enrolled in NYSHIP coverage. All establishing proofs must verify your domestic partnership has been in place for a minimum of six months. You will be required to provide a financial proof that is fewer than six months old to confirm the partnership is still in place.

## **SECTION C – FEDERALLY QUALIFIED DEPENDENT STATUS AND PRE-TAX CONTRIBUTIONS**

### **Federally Qualified Dependent Status**

When enrolling a Domestic Partner, you must indicate if they are your federally qualified dependent. The federal Internal Revenue Code (IRC) includes criteria that determine whether your Domestic Partner should be considered a federally qualified dependent. You should consult your tax advisor if you have questions as to whether your Domestic Partner is a federally qualified dependent or if you have questions regarding the effect of these requirements on your taxes. It is important you correctly report your Domestic Partner’s status, as incorrect reporting can have serious negative tax implications.

If your Domestic Partner is a federally qualified dependent, check the first box in Section C.

If your Domestic Partner is not a federally qualified dependent, check the second box in Section C. In this case, the fair market value of your Domestic Partner’s coverage, referred to as imputed income, is considered to be a taxable fringe benefit. Your employer is required to calculate and report imputed income to the Internal Revenue Service (IRS) for enrollees who provide NYSHIP coverage for non-federally-qualified Domestic Partners.

The imputed income will increase your taxable gross income for federal and state income taxes, as well as Social Security and Medicare payroll taxes.

Your work status and employer type determine the process by which your imputed income is reported **for a non-federally-qualified dependent**.

- **New York State Active Employees:** a biweekly imputed income amount will be reported to the New York State Office of the State Comptroller for each payroll period. This amount is considered to be additional income for tax purposes only; additional withholdings will be calculated based on the reported imputed income. This imputed income is not an amount added to your total premium paid, but is additional taxable income based upon the fair market value of the non-federally-qualified dependent’s coverage. Check with your agency HBA for an approximation of the fair market value for State-administered health coverage.
- **New York State and Participating Employer (PE) Retirees:** The State will issue a Form W-2 at the end of the tax year. The Form W-2 reports the fair market value of the non-federally-qualified dependent’s coverage as additional income which may increase your total tax liability for the year. Check with the Employee Benefits Division for an approximation of the fair market value for NYSHIP coverage.
- **Participating Employer (PE) Active Employees, and Participating Agency (PA) Active Employees and Retirees:** your employer or former employer will report your imputed income to the IRS. Please contact your employer or former employer to discuss how your imputed income will be reported.

Please note, incorrectly reporting your Domestic Partner’s status as a federally qualified dependent constitutes fraud and could have serious negative tax implications.

### **Active Employees Participating in the Pre-Tax Contribution Program (PTCP)**

State employees who cover a **federally qualified** Domestic Partner may have their full premium contribution for the cost of Family health insurance coverage deducted from their wages before taxes are withheld.

If you are enrolled in the PTCP, but your Domestic Partner is **not** a federally qualified dependent, the cost of Individual coverage will be deducted from your paycheck before taxes are withheld, while the cost of Dependent coverage will be deducted on a post-tax basis.

## OTHER PERTINENT INFORMATION

### When Domestic Partner Coverage Begins

Your Domestic Partner is first eligible for coverage six months after your Partnership Establishment Date.

If you apply for Domestic Partner coverage within 30 days of the date of first eligibility (six months after your Partnership Establishment Date), your Domestic Partner may be enrolled in NYSHIP coverage on the date of first eligibility.

If you apply for Domestic Partner coverage more than 30 days after the date of first eligibility, your Domestic Partner will be subject to a late enrollment waiting period, unless you are applying due to a qualifying event, such as the Domestic Partner's loss of other health coverage.

- **New York State Active Employees:** Domestic Partner coverage begins on the first day of the fifth pay period following the pay period in which you apply.
- **New York State Retirees:** Domestic Partner coverage begins on the first day of the third month following the month in which you apply.
- **Participating Agency (PA) and Participating Employer (PE) Active Employees and Retirees:** Domestic Partner coverage begins on the first day of the third month following the month in which you apply.

### Domestic Partners and Medicare

Your Domestic Partner must enroll in Medicare Parts A and B when one of the following occurs:

- Your Domestic Partner turns 65 years old;
- Your Domestic Partner has completed a Medicare 30-month coordination period for end-stage renal disease; or
- You are enrolled in coverage as a retiree, vestee or COBRA and your Domestic Partner qualifies for Medicare prior to age 65 due to a disability or amyotrophic lateral sclerosis (ALS).

If you are enrolled in NYSHIP coverage as an active employee, your Domestic Partner is not required to enroll in Medicare if they are eligible due to disability and under age 65.

If your Domestic Partner already meets one of the criteria listed above and is required to enroll in Medicare, you must provide your Domestic Partner's Medicare Card and dates of enrollment in Medicare Part A and Part B on the first page of this enrollment application.

### Domestic Partnership Terminations

NYSHIP Dependent coverage for your Domestic Partner will end on the date your domestic partnership ends or when you are no longer able to provide proof of your Domestic Partner's continued eligibility as required by NYSHIP. When covering a child of a Domestic Partner, the child's coverage will end upon termination of your domestic partnership. You must complete and submit *Termination of Domestic Partnership for NYSHIP (PS-425.4)*, within **30 days** of the date the relationship ends or can no longer be documented.

This form can be obtained from your personnel office or can be found on the NYS Department of Civil Service website: <https://www.cs.ny.gov/forms/ps425-4.pdf>.

If you do not file PS-425.4 on a timely basis, you will be liable for claims paid for services rendered on and after the date the domestic partnership ended. Failure to remove an ineligible Domestic Partner may result in disciplinary action by your employer or prosecution for insurance fraud.

Your former Domestic Partner's 60-day eligibility period for applying for COBRA continuation coverage starts on the date the relationship terminates, not the date you file *Termination of Domestic Partnership for NYSHIP (PS-425.4)*.

**You may not enroll another Domestic Partner or reenroll the same Domestic Partner until one year after the date the *Termination of Domestic Partnership for NYSHIP Form* is filed. This one year waiting period does not apply if the Domestic Partner is removed for other reasons and the partnership has not ended.**