



PLEASE READ PAGES 4-7 BEFORE YOU COMPLETE AND SUBMIT THIS APPLICATION.

EMPLOYEE INFORMATION
1. Last Name First Name MI 2. Social Security Number 3. Gender
4. Home Address City State Zip
5. Work Address City State Zip
6. Date of Birth 7. Telephone Numbers
8. I wish to add my Domestic Partner to: Medical Dental Vision

DOMESTIC PARTNER INFORMATION
9. Last Name First Name MI 10. Social Security Number 11. Gender
12. Date of Birth 13. Domestic Partner is age 65 or older: Yes No
14. Domestic Partner is covered under Medicare: Yes No If yes, provide the following...
Medicare Card Number: Medicare Part A Start Date: Medicare Part B Start Date:

NOTE: 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 of the statements below and be able to 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 to anyone else. If I am divorced, I am submitting a divorce decree for my prior marriage. Legal separation does not constitute a termination of marriage. If I am widowed, I am submitting a copy of my deceased spouse's death certificate.
[ ] My Domestic Partner is not legally married to anyone else. If they are divorced, I am submitting a divorce decree for their prior marriage. Legal separation does not constitute a termination of marriage. If my Domestic Partner is widowed, I am submitting a copy of their deceased 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 have 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 we 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 Form PS-425.4, Termination of Domestic Partnership, 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 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 also 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 Form PS-425.4, Termination of Domestic Partnership.

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 may be enrolled 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. Additionally, 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 list below. 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 may not provide a more recent statement from the same bank account as second form of proof.

**Acceptable proofs are as follows:**

- Joint mortgage or lease agreement
- Joint ownership of residence
- Joint wills or designation of the Domestic Partner as executor and/or primary beneficiary
- Designation of the Domestic Partner as beneficiary for life insurance or retirement benefits
- Designation of the Domestic Partner as durable power of attorney
- Health Care Power of Attorney
- 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 signatory 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

**NOTE:** 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.

**Proof of Cohabitation.** You must submit at least one form of proof from the list below 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. Your proofs must contain a residential address. A P.O. Box is not an acceptable proof.

**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**

The citation below from the Internal Revenue Code (IRC) may be helpful in determining whether your Domestic Partner is a federally qualified dependent for tax purposes. **It is recommended that you seek the advice of a tax professional before you complete this affidavit.**

According to IRC Section 152 (d)(1)(c), the Domestic Partner of a NYSHIP enrollee may be considered a federally qualified dependent if the NYSHIP enrollee “provides over one-half of the individual’s support for the calendar year.” A Domestic Partner must also reside in the same household as the enrollee in order to be considered a federally qualified dependent.

Name of Dependent	Social Security Number
<p><input type="checkbox"/> DOES fully qualify as my dependent under Internal Revenue Code Section 152. Checking this box is my official affirmation to NYSHIP that <b>I am not subject to federal tax withholding</b> for any imputed income resulting from benefits extended to my Domestic Partner. I understand that I will be required to complete Form PS-425.3, Dependent Tax Affidavit, if my Domestic Partner’s status under IRC Section 152 changes at any time.</p> <p><input type="checkbox"/> DOES NOT qualify as my dependent under Internal Revenue Code Section 152. Checking this box is my official affirmation to NYSHIP that <b>I am responsible for reporting and paying federal tax</b> 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 PS-425.3, Dependent Tax Affidavit, if my dependent’s status under IRC Section 152 changes at any time.</p>	

**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.

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 Name (Enrollee): \_\_\_\_\_

Enrollee Signature: \_\_\_\_\_  
(sign in the presence of notary)

\_\_\_\_\_ Date

Print Name (Domestic Partner): \_\_\_\_\_

Domestic Partner Signature: \_\_\_\_\_  
(sign in the presence of notary)

\_\_\_\_\_ Date

Subscribed and sworn to before me on this \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

NOTARY PUBLIC: \_\_\_\_\_



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:

- Form PS-425, Domestic Partner Enrollment Application, with supporting documentation as noted on the form.
- Photocopy of your Domestic Partner's Birth Certificate.
- Your Domestic Partner's Social Security Number.
- 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 deceased spouse's death certificate (if widowed)
- Photocopy of your Domestic Partner's child's Birth Certificate (if applicable)
- Photocopy of your Domestic Partner's child's Social Security Card (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 and your application will be denied.



### **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 included on Form 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 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 may not 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 Form 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.

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. 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. Additionally, 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 Contribution Program (PTCP)**

#### **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. The State 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; it 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. Refer to the appropriate group below for information on when Domestic Partner coverage begins after a late enrollment waiting period.

- **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 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. In addition, 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 Form PS-425.4, Termination of Domestic Partnership, 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 Form 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 Form PS-425.4, Termination of Domestic Partnership.

**Note:** You may not enroll another Domestic Partner or reenroll the same Domestic Partner until one year after the date the Termination of Domestic Partnership form is filed.