Department of Administrative Services

Domestic Partnership Reenrollment in Health and Dental Insurance

Retain this Domestic Partner information for your records

I have experienced the following life event that permits adding family members to my health and/or dental coverage.

Qualifying Life Event: _____ **Event Date:** _____

- I want to re-enroll my Domestic Partner and his/her child(ren) in the State's health and/or dental insurance plans.
- I am making this change within 30 days after the date of the life event.
- I currently have a Declaration of Domestic Partnership on file, dated within the previous 12 months.

Enroll my dependent(s) in Medical coverage.

☐ Yes

☐ No

Enroll my dependent(s) in Dental coverage.

☐ Yes

☐ No

Domestic Partner and his/her Child(ren)	Date of Birth

Tax Consequences

Certification of Domestic Partner as a Dependent

Please check one:

☐ **Yes**, my Domestic Partner qualifies as my dependent for federal income tax purposes as defined in Internal Revenue Code sec. 152. I understand that on the basis of the above statements, the state will consider the above person my dependent for income tax purposes.

☐ **No**, my Domestic Partner does not qualify as my dependent for federal income tax purposes. I understand that I cannot submit claims for FSA health or dependent care expenses of my Domestic Partner or my Domestic Partner's child.

AFFIRMATION

We affirm that the statements above are true to the best of our knowledge. We have read and understand the instructions provided to us. We acknowledge that this form is not an application for insurance coverage and that the purpose for this form is to reenroll the dependents named above in coverage, as provided under the state's Employee Benefits Program. I understand that falsely certifying dependency status may result in adverse tax consequences and potential charges of tax fraud. I further agree to notify the State of Iowa immediately of any change in this tax status.

I understand that enrollment is subject to all of the State of Iowa Group Insurance Plan rules and regulations. I understand that I will not be able to cancel their coverage until the next Open Enrollment period, unless there is a qualifying life event that would allow for cancellation.

Employee Signature: _____ **Date:** _____

Please submit both signed forms to your Human Resources Associate

Fact Sheet Domestic Partnership Reenrollment in Health and Dental Insurance

Domestic Partner Benefits

- Domestic Partner benefits are not provided to all employees.
- The employee, the Domestic Partner, and his/her eligible children must meet the state's eligibility benefit requirements.
- Information in this declaration is only used by the state for the sole purpose of determining eligibility for Domestic Partner Benefits.

Declaration of Domestic Partnership

- The Declaration of Domestic Partnership form is only Valid through the end of the calendar year in which it is signed.
- All employees covering a Domestic Partner need to complete a new Open Enrollment Declaration of Domestic Partnership during the state's Open Enrollment period every calendar year.

Change in Domestic Partnership

- When an employee enrolls the Domestic Partner and his/her eligible children in health and/or dental coverage, the elections remain in effect through the end of the calendar year.
- The employee cannot make any changes until the next Open Enrollment period unless he/she experiences a qualified life event and the benefit change requested is consistent with the event.

Termination of Domestic Partnership

- If the Domestic Partner relationship is terminated, the employee must notify their Human Resources Contacts (HRA) in writing within thirty (30) days of the termination.
- The employee will complete the appropriate forms to cancel the Domestic Partner and his/her eligible children from health and/or dental coverage.
- Health and dental coverage will terminate at the end of the month the HRA receives the necessary signed form.
- Any Added Value Tax will be removed the first of the following month after the notification in writing. For more information, please visit the Tax Treatment of Health and Dental Insurance website.

COBRA

- The former Domestic Partner and his/her dependents will not be eligible for COBRA and will not be notified of termination. COBRA will not be offered to a Domestic Partner or his/her children if the employee terminates employment, or if the Domestic Partner's dependents have an event that makes them ineligible for the state's health and dental plans.

Employee and Domestic Partner Are State Employees

- If both the employee and the designated Domestic Partner are both state employees and are both eligible for health and dental insurance, the state's Duplicate Coverage policy will apply.

Employee Signature: _____ **Date:** _____

Domestic Partner Signature: _____ **Date:** _____

Please submit both signed forms to your Human Resources Associate