

Domestic Partner - Frequently Asked Questions

Q1	Who qualifies as a domestic partner of a State of Iowa employee?
A1	To be eligible for Domestic Partner coverage, the employee and the Domestic Partner must meet the conditions outlined in the “Affidavit of Domestic Partnership.” The Affidavit of Domestic Partnership further requires a declaration of domestic partnership along with certain acknowledgements and affirmations before eligibility is determined.
Q2	How do I enroll my domestic partner and his/her dependents for family health and/or dental insurance coverage?
A2	<p>New Employee: If you are a new employee, you must complete and return the enclosed Affidavit of Domestic Partnership. Insurance enrollment forms are available from your personnel assistant. Return the completed Affidavit and the insurance enrollment forms to your personnel assistant. For new hires that claim domestic partnership, the effective date will be when the employee is eligible for coverage (first of the month following 30 days of employment).</p> <p>Active Employee: If you are currently enrolled in a health and/or dental plan and have a domestic partner who meets the criteria midyear, you must request enrollment forms from your personnel assistant. Return the completed Affidavit and enrollment forms to your personnel assistant. For current employees, the effective date for coverage will be the first of the month following the employee’s signature on the insurance applications.</p> <p>The Affidavit and the insurance applications must be signed within 30 days of each other.</p>
Q3	What happens if I do not return the completed Affidavit of Domestic Partnership or the enrollment forms?
A3	The domestic partner and any of his/her dependents will not be eligible.
Q4	What if I am covered under the State Police Officers Council collective bargaining agreement and I return the completed Affidavit of Domestic Partnership and applicable enrollment forms?
A4	The contract between your union and the state does not cover this benefit in Article IX. Therefore, your domestic partner and any of his/her dependents will not be eligible.
Q5	Where can I find more detailed information about eligibility and enrollment procedures for a domestic partner?
A5	The member handbook provided by your selected carrier, The State of Iowa Employee Handbook, The Employee Benefits Handbook, the Domestic Partner site, the DAS-HRE administrative rules and the Iowa Code govern eligibility and enrollment procedures for all employees, retirees, spouses and dependents. Where legally possible, eligibility and enrollment procedures for a domestic partner and his/her dependents, if any, will be on the same basis as for spouses or dependents of any other covered employee.
Q6	Are domestic partners of a State of Iowa retiree eligible?
A6	Yes, as long as coverage is continued under the state plan. A domestic partner can also be added once the employee has retired at some later date.
Q7	Are dependents of a domestic partner eligible for coverage?
A7	Children of a domestic partner may be covered under the state’s health and dental plans as long as the children meet the definition of an eligible dependent child.
Q8	What health and dental plan will be available to my domestic partner?
A8	An active employees or retiree can enroll their domestic partner in any health and dental the individual is eligible to select.
Q9	What other insurance plans are available to my domestic partner?
A9	The State of Iowa offers its AFSCME, AFSCME Judicial, PPME, UE/IUP, and non-contract employees the ability to insure their same sex or opposite sex domestic partner under either or both their state employee health and dental insurance. No other insurance benefit is available to domestic partners.

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Q10	Where can I find more detailed information about the state’s insurance benefits and rules?
A10	<p>A summary of health insurance benefits and an Employee Benefits Handbook is available from your personnel assistant, or at the Health Insurance website.</p> <p>The member handbook provided by your selected carrier may not specifically refer to domestic partners. Where legally possible, eligibility and enrollment procedures for a domestic partner and his/her dependents, if any, will be on the same basis as for spouses or dependents of any other covered employee.</p>
Q11	I submitted the Affidavit of Domestic Partnership and the enrollment forms. What should I do now?
A11	<p>Your personnel assistant will forward your completed affidavit and enrollment forms to the Department of Administrative Services – Human Resources Enterprise for final approval and processing. Your materials will then be sent to the insurance carrier(s) you selected. New ID cards may be issued. You may contact your insurance company to verify who is covered under your plan.</p> <ul style="list-style-type: none"> • If you are currently enrolled in a health and/or dental plan and have a domestic partner who meets the criteria midyear, the effective date for coverage will be the first of the month following your signature on the insurance applications. • If you are a new employee claiming domestic partnership, the effective date will be when you are eligible for coverage (first of the month following 30 days of employment).
Q12	Do the records of employees with domestic partners receive the same confidentiality protections as the records of any other employee?
A12	<p>Yes. Enrollment information for all state employees is confidential. Employees with domestic partners have the same protections. A copy of the affidavit will be kept in the employee’s file and on file at the Department of Administrative Services – Human Resources Enterprise.</p>
Q13	What are the federal tax implications for enrolling my domestic partner?
A13	<p>Under federal tax law, if your domestic partner does not qualify as a tax dependent, then the portion of the premiums the state pays for the coverage of the domestic partner will be included in the employee’s gross income, subject to federal income tax withholding and employment taxes, and will be reported on his/her Form W-2, “Wage and Tax Statement.” The employee also will not be able to claim expenses for the domestic partner under the Health Flexible Spending Account.</p>
Q14	What are the Iowa tax implications for enrolling my domestic partner?
A14	<p>Under Iowa tax law, if your domestic partner does not qualify as a tax dependent, then the portion of the premiums the state pays for the coverage of the domestic partner will be included in your gross income, subject to state income tax withholding and employment taxes, and will be reported on your Form W-2.</p>
Q15	What happens to my state contribution if I enroll a domestic partner?
A15	<p>The state contribution will be no different than any other family contract and will be dependent on the plan you select and the contribution level set for your bargaining status and bargaining unit.</p>
Q16	What happens to my monthly insurance premiums if I enroll a domestic partner?
A16	<p>While single coverage is free to employees, because you will be moving from single to family coverage to insure your domestic partner, you will have to contribute the employee contribution for the family plan you select.</p>
Q17	What if my domestic partner is also a state employee? Is there anything else I need to know?
A17	<p>If both the “employee” and “domestic partner” are state employees eligible for health and dental insurance, then selection of family coverage under the domestic partner provision effectively waives any right of either party to single coverage benefits or contributions during the time the partnership is in effect. Further, a double spouse contract is unavailable to those in a domestic partner relationship.</p>

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Q18	Can I delete my domestic partner and his/her dependents midyear if our relationship terminates?
A18	<p>When you enroll in health insurance and/or dental insurance your benefit elections will remain in effect to the end of the calendar year and you cannot make any changes until the next enrollment and change period.</p> <p>You cannot make any changes until the next enrollment and change period unless you experience a qualified life event and the benefit change you request is consistent with the event. Qualified events are defined by Section 125 of the Internal Revenue Code, based on individual circumstances and plan eligibility.</p> <p>If there is a qualified event then a domestic partner can be terminated provided you complete an Affidavit of Termination of Domestic Partnership and the necessary signed insurance application/change forms.</p>
Q19	What happens if my domestic partner becomes my legal spouse?
A19	You will need to submit the appropriate application forms to your personnel assistant to update your coverage and tax status.
Q20	If I terminate employment will I still be able to carry my domestic partner and his/her dependents, if any, on my insurance through COBRA?
A20	If you continue coverage through COBRA, your domestic partner and his/her children may be covered with you. However, your domestic partner and his/her dependents may not elect COBRA coverage on their own.
Q21	What are the tax implications of enrolling my domestic partner's eligible children?
A21	Your domestic partner's children do not qualify as a tax dependent. You are taxed on the amount (the added value) that provides coverage for the domestic partner's dependent children. The portion of the premiums that provides coverage for the domestic partner's children will be included in the your gross income, subject to federal and state income tax withholding and employment taxes, and will be reported on your Form W-2, "Wage and Tax Statement." You also will not be able to claim expenses for the partner's children under the Health Flexible Spending Account.