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# Dependent Enrollment Form

## Same-Sex Domestic Partner

**Participant**

**Last Name** \_\_\_\_\_ **First Name** \_\_\_\_\_ **Middle Initial** \_\_\_\_\_

*Please use legal name only*

**Social Security Number** \_\_\_\_\_

**Same-Sex Domestic Partner**

**Partner Last Name** \_\_\_\_\_ **First Name** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_

**Employer** \_\_\_\_\_

Dependent children of a same-sex domestic partner are extended Benefits Fund coverage for medical, dental, prescription drug and vision benefits, provided the children meet all eligibility requirements for covered dependents as described on Pages 22 to 24 of the *NYSNA Benefits Fund Summary Plan Description*.

Unmarried children of a same-sex domestic partner are eligible for coverage from birth through December 31 of the year they reach their 19th birthday. Dependent children living with the same-sex domestic partner while awaiting adoption also are eligible for these benefits. Other children under the same-sex domestic partner’s custody or guardianship are not covered. You are required to provide a copy of each eligible child’s birth certificate or adoption papers.

Unmarried, full-time students who are primarily dependent on the same-sex domestic partner for support are eligible for NYSNA Benefits Fund coverage through Dec. 31 of the year he or she reaches her 23rd birthday. You are required to obtain an original letter from the full-time student’s school registrar verifying full-time student status for coverage to be effective. Please attach the full-time student status letter and mail it with this form.

A full description of the eligibility requirements for dependent children can be found on pages 22 through 24 of the *NYSNA Benefits Fund Summary Plan Description*.

### Dependent children of domestic partner

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

- Son  Daughter  Natural child *(please attach copy of birth certificate)*
- Adopted child *(please attach copy of adoption papers)*

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

- Son  Daughter  Natural child *(please attach copy of birth certificate)*
- Adopted child *(please attach copy of adoption papers)*

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

- Son  Daughter  Natural child *(please attach copy of birth certificate)*
- Adopted child *(please attach copy of adoption papers)*

**Participant Signature** \_\_\_\_\_ **Date** \_\_\_\_\_