

Benefits Fund

Benefits for Same-Sex Domestic Partners Questions and Answers

Q: How does the NYSNA Benefits Fund define domestic partnership?

- A: The NYSNA Benefits Fund defines a same-sex domestic partnership as two people in a spouse-like relationship who have met the following requirements for at least the last six months:
- The individuals have an exclusive mutual commitment, similar to that of marriage;
 - The individuals are each other's sole domestic partner and intend to remain so indefinitely;
 - Neither partner is legally married;
 - Neither individual is related by blood to a degree of closeness which would prohibit legal marriage in the state in which the partners legally reside;
 - Both individuals are at least 18 years of age;
 - The individuals are currently residing together and have resided together in a common household for at least six consecutive months and intend to reside together indefinitely;
 - Both individuals are committed to the physical, emotional, and financial care and support of each other; share with each other the common necessities and tasks of one household; and are financially interdependent.

Q. What benefits are covered under this plan?

- A: The benefits covered under this arrangement are medical, dental, vision, and prescription drugs.

Q. What is the procedure for enrolling a domestic partner in the NYSNA Benefits Fund?

- A. A participant who wishes to obtain domestic partner coverage must complete an Affidavit of domestic partnership. In addition, you must submit two or more pieces of evidence of financial interdependence (these items are listed on the Affidavit). All forms are available on our Web site at www.rnbenefits.org or by calling the Fund office at (877) RN BENEFITS [762-3633].

Q. Are domestic partner benefits taxable?

- A: If a domestic partner is not a participant's dependent for federal income tax purposes, the value of the benefits provided to the domestic partner and his or her children is income to the participant for purposes of income, Social Security and Medicare taxes. The participant's employer will withhold taxes on the fair market value of the benefit. The Fund will require an annual certification from the participant that the domestic partner is or is not a dependent for income tax purposes.

Q. How does the IRS define the term "dependent?"

- A: A domestic partner may qualify as a participant's dependent if the domestic partner meets each requirement as follows:
- Receives more than half of his or her support for the taxable year from the participant;
 - His or her gross income for the calendar year is less than the exemption amount [as defined in IRS Code section 151(d)];
 - Has as his or her primary residence the participant's home during the entire taxable year and is a member of the participant's household for the taxable year;
 - Is a citizen, national, or resident of the U.S., Canada, or Mexico during the calendar year; and

- Is not involved in a relationship that violates any local laws.

Q. What happens to domestic partnership benefits if an event occurs that entitles me to receive continuation coverage under COBRA?

A: Benefits will terminate for the participant, the domestic partner, and any covered dependents. COBRA requires continuation of coverage only for the spouse and dependent children of a participant. Your domestic partner and his or her dependent children will not be eligible for COBRA continuation coverage.

Q. What am I required to do if a domestic partnership ends?

A: You must notify the Fund office within 30 days of the terminated relationship. The Fund office will provide you with the necessary form to terminate domestic partner benefit coverage, or you can print a Statement of Termination of Domestic Partnership from the Fund Web site at www.rnbenefits.org.

Q. Following the termination of a domestic partnership relationship, when can a new partner be enrolled?

A: There is a 12-month waiting period before a new domestic partner can be enrolled.