Domestic Partnership Benefits Policy and Procedure

On June 19, 2012 City Council enacted legislation authorizing the provision of healthcare benefits coverage to City of Toledo employees’ domestic partners and their eligible dependents under the City of Toledo benefits plan (Plan). Effective January 31, 2013, the City of Toledo extended domestic partner benefits to same sex and opposite sex domestic partners of City of Toledo employees. The following collective bargaining units have opted not to participate and have declined this benefit:

Teamsters Local 20
Toledo Police Patrolman’s Association (TPPA)
AFSCME Local 7
AFSCME Local 7, Communication Operators

Therefore, members of these collective bargaining units may not participate in the domestic partner benefit program.

This document summarizes features of the benefit plan. To the extent this summary may be construed differently than the provisions of the Plan, the provisions of the Plan govern.

The City of Toledo may amend or terminate this policy at any time.

Benefits

The following benefits may be extended to City of Toledo employees’ eligible domestic partners and their domestic partner’s eligible children to the same extent as the benefits are available to employees’ spouses and eligible children:

A. Medical, prescription, dental and vision coverage (in accordance with the terms of any applicable bargaining agreement) upon payment of applicable monthly co-premium.

B. Time off for eligible domestic partners, their eligible dependent children and eligible family members for:

1. Funeral leave – (in accordance with the terms of any applicable bargaining agreement)

2. FMLA leave

Leave

Registration of domestic partnership benefits coverage is required for FMLA and Funeral Leave (Exempt only), even if no application is sought for health benefits. For City of Toledo employees who have registered their domestic partnership and are eligible, Funeral Leave (Exempt only,
otherwise by Union contract) and FMLA will include time off for City of Toledo employees' domestic partners, their eligible dependent children, and eligible family members. The terms of the Leave are determined by City of Toledo policy and procedure, bargaining unit agreement and/or applicable law.

**Definition and Eligibility**

The definition of “domestic partner” as used herein is found at the Toledo Municipal Code, §114.01, which provides:

"Domestic partnership" refers to the non-marital intimate relationship of two adults of the same or different sex, who share a common residence and affirm that they share responsibility for each other's common welfare, and have signed and filed a Declaration of Domestic Partnership with the City.

To be eligible for the benefits described herein, the employee and his/her domestic partner must provide proof that:

- A. Both persons share a common residence;
- B. Both persons have been in an intimate relationship for at least 6 consecutive months prior to applying for benefits and have allowed 6 months or more to pass since the termination of any previous domestic partnership (unless termination due to death of domestic partner);
- C. Both persons share responsibility for each other's common welfare;
- D. Neither party is legally married;
- E. Neither person is part of an existing domestic partnership with any third party;
- F. Each person is 18 years of age or older; and
- G. The persons are not related to one another by blood.

The employee must submit to the Human Resources Department (HR):

- A. A copy of the signed declaration of domestic partnership registered with the Clerk of Council, City of Toledo
- B. A signed, notarized Affidavit of Domestic Partnership for Benefits Coverage
- C. Copy of joint mortgage or joint lease agreement
- D. Signed, completed application/enrollment forms for benefits coverage
- E. Two (2) of the following documents for verification (may include, but is not limited to):

  1. Proof of joint bank account(s)
  2. Proof of joint ownership of a vehicle
  3. Proof that the domestic partner is the primary beneficiary of a life insurance policy or retirement plan
  4. Proof of joint liabilities; such as a bank loan(s) or joint credit card(s)
  5. Other forms of evidence of significant joint financial interdependency as may be acceptable to the Director of Human Resources
  6. Evidence of durable powers of attorney for property or health signed to the effect that we have granted powers to one another
F. One (1) of the following documents that is dated within 30 days of your application for benefits:

1. Bank statement, either a joint statement or individual accounts for each partner showing the shared residential address
2. Paycheck stubs for both partners for showing the shared residential address
3. Driver’s license, State-issued identification or automobile registration for each partner showing the shared residential address
4. Tax return for each partner listing the shared residential address as address of record

**Enrollment for Benefits**

Enrolling a domestic partner and their eligible dependent children in City of Toledo benefit plans is subject to the same provisions that apply for employees’ spouses and their eligible dependent children. Enrollment in City of Toledo benefit plans is limited to an annual open enrollment period that occurs May 1st each year. Mid-year changes are restricted to 30 days following the date of the qualifying event (such as when a domestic partner, and/or eligible children of a domestic partner become newly eligible).

Children of the domestic partner are eligible for medical benefits if:

- The child is not employed and has no benefits available to him/her.
- The child is a natural child or a child who has been placed under the legal guardianship of the domestic partner.
- The child is no older than 23. If qualifying an older child, please contact HR at 419-245-1500.

**Domestic Partner Benefits Application Procedure**

To apply for domestic partner benefits, a Domestic Partner Affidavit must be completed and submitted to HR with all required supporting documentation, applicable enrollment forms. Registration in HR will be required for coverage under the City of Toledo medical, prescription, dental, and vision (subject to the provisions of any applicable bargaining agreement) plans. Registration will also be required for other benefits such as FMLA and funeral leave (Exempt only).

Enrollment periods for health benefits occur in May of each year except in the case of “qualifying events”. However, if an application for health care benefits is received more than 30 days after a qualifying event, the applicant shall be considered late and the benefits will not take effect.

Employee should:

A. Access forms from the “P” drive located within the HR folder under “Benefits & Training” and then “Domestic Partnerships”
B. Read and sign the Domestic Partnership Affidavit and have it notarized
C. Submit the applicable benefit enrollment forms, notarized affidavit (please note a copy of the notarized affidavit will not be returned to you) and required supporting documentation to HR for review.
NOTE: The City of Toledo encourages employees seeking to participate in this benefit to consult an attorney and/or tax advisor concerning any possible legal obligations that may be created by the affidavit or receiving benefits. The City makes no representations as to any legal or financial consequences a beneficiary may incur through participation and accepts no responsibility for any legal or financial consequences.

**Tax Consequences for Domestic Partnerships**

Under the Internal Revenue Service (IRS) Code, a domestic partner does not qualify as a legally recognized spouse. Therefore, the value of the benefits provided to an employee’s domestic partner and/or the domestic partner’s children may be considered taxable income for the employee, unless the domestic partner or their children qualify as a dependent under IRS Code, Section 152 and/or other applicable tax laws.

Any tax consequences are the responsibility of the employee, not the City of Toledo.

The policy and procedure and affidavit for Domestic Partnership Benefits does not define the domestic partner and/or the domestic partner’s child or children as dependent under Internal Revenue Service Code rules.

If applicable, it is the responsibility of the employee to provide the City of Toledo HR Department their most recent tax return to prove dependent status as defined by IRS Code, Section 152.

All City of Toledo employees registering domestic partnerships for benefits are advised to consult an attorney and/or tax advisor as there may be certain legal consequences and/or tax implications as a result of the City of Toledo providing benefits to them.

**Termination of a Domestic Partnership**

To terminate domestic partnership benefits, the employee must file a written Termination Notice in the Clerk of Council Office and submit to HR a signed copy of the Termination Notice within 30 days of termination. Termination of benefits will occur on the last day of the month of the date on the Termination Notice was filed in the Clerk of Council Office.

Failure to timely inform HR of the termination of a domestic partnership may be considered fraud and may result in the loss of benefits, may jeopardize Domestic Partner Continuation Coverage for the ex-domestic partner and their children, and may result in disciplinary action up to, and including, termination of employment under the City of Toledo policy, applicable law or collective bargaining agreement.

Please note that a City of Toledo employee must wait at least 6 months from the date on the Termination Notice before registering again for domestic partnership benefits, unless the former domestic partnership was dissolved due to death of the domestic partner.

Employee must:

A. File a Termination Notice with the Clerk of Council Office.
B. If the employee filed for termination, he or she must also send a signed copy of the Termination Notice marked “filed” to the ex-domestic partner (unless termination due to death or Termination Notice was filed jointly) within 5 days (per TMC 114.05 (b)).
C. Submit to HR a copy of the signed Termination Notice marked “filed” and the proper forms to cancel benefits within 30 days of the termination event in order to protect Domestic Partner Continuation Coverage.

D. Contact HR Benefits Section for information on Domestic Partner Continuation Coverage.

**Domestic Partner Continuation Coverage**

Domestic partners and/or their dependents may be eligible for Domestic Partner Continuation Coverage. Employees should:

A. Ensure that eligible domestic partners and/or any eligible children apply for Domestic Partner Continuation Coverage within 60 days of the date that eligibility for benefits coverage ends. If electing Domestic Partner Continuation Coverage, benefit payments must continue to be made to the City of Toledo to prevent a lapse in benefits coverage.

B. Upon election and determined eligibility of Domestic Partner Continuation Coverage, payments must be made within the grace period (by the 15th of the month in which the coverage is incurred) for Domestic Partner Continuation Coverage benefits to continue.

C. Note that failure to notify HR within the 60-day time frame or failure to provide timely payments will result in forfeiture of Domestic Partner Continuation Coverage.

**Confidential Information**

Information provided in the Affidavit of Domestic Partnership for Benefits Coverage is used to determine eligibility for domestic-partner benefits and will be kept confidential only to the extent allowed by law. Information will be used to make appropriate payroll and tax deductions and shared with third party contractors for benefit programs. Information will also be disclosed as needed to verify eligibility for benefits as required by a court and applicable laws, including public records laws.

All Domestic Partner Affidavit supplemental documents will be kept on file in the Department of Human Resources.

**Auditing Practice**

The City of Toledo requires periodic re-certification (auditing) of eligibility for benefits for all enrollees in the City of Toledo employee benefits program.