



EMPLOYEE BENEFITS DIVISION
 New York State Health Insurance Program (NYSHIP)
 Domestic Partner Enrollment Application

PS-425 (10/19)

PLEASE READ PAGES 4-7 BEFORE YOU COMPLETE AND SUBMIT THIS APPLICATION.

EMPLOYEE INFORMATION

	()	7. Work location and address
8. I wish to add my Domestic Partner to: <input type="checkbox"/> Medical <input type="checkbox"/> Dental <input type="checkbox"/> Vision		

DOMESTIC PARTNER INFORMATION				
9. Last Name	First Name	Date of Birth	Sex	Social Security Number
10. Domestic Partner is age 65 or older: <input type="checkbox"/> Yes <input type="checkbox"/> No <small>NOTE: Domestic Partners age 65 or older MUST be enrolled in Medicare Parts A and B to avoid a reduction of benefits.</small>				
11. Domestic Partner is covered under Medicare: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide the following				
Medicare Card Number: _____	Medicare Part A Start Date: _____	Medicare Part B Start Date: _____		

NOTE : You must submit a PS-404 Form (or PS-503 Form if you are a Participating Agency Employee or Retiree) ~~NYSHIP~~(r)1 (R)1.6t4Td [(JTJ 03 r)153 (R)1.6t4To R]8

I am not legally married to anyone else. If I am divorced, I am submitting a divorce decree for my prior marriage. Legal separation does not constitute a termination of marriage. If I am widowed, I am submitting a copy of my deceased spouse s death certificate.

My Domestic Partner is not legally married to anyone else. If they are divorced, I am submitting a divorce decree for their prior marriage. Legal separation does not constitute a termination of marriage. If my Domestic Partner is widowed, I am submitting a copy of their deceased spouse s death certificate.

Neither I, nor my partner, have had a Domestic Partner enrolled in NYSHIP within the last year.

We have shared the same residence for at least the last six months and have included proof of cohabitation as described in Section B of this form.

We have had an exclusive mutual commitment to share responsibility for each other's welfare and financial obligations for at least the last six months and we expect that commitment to last indefinitely. We included proof of joint responsibility for basic financial obligations as described in Section B of this form.

I, the enrollee, understand that I am required to file a completed Form PS-425.4, Termination of Domestic Partnership, within 30 days of the date my domestic partnership ends or when I no longer can provide proof of one or more of the above requirements.

SECTION B

SECTION C

The citation below from the Internal Revenue Code (IRC) may be helpful in determining whether your Domestic Partner is a federally qualified dependent for tax purposes. It is recommended that you seek the advice of a tax professional before you complete this affidavit.

According to IRC Section 152 (d)(1)(c), the Domestic Partner of a NYSHIP enrollee may be considered a federally qualified dependent if the NYSHIP enrollee "provides over one-half of the individual's support for the calendar year." A Domestic Partner must also reside in the same household as the enrollee in order to be considered a federally qualified dependent.

Name of Dependent

Social Security Number

DOES fully qualify as my dependent under Internal Revenue Code Section 152. Checking this box is my official affirmation to NYSHIP that I am not subject to federal tax withholding for any imputed income resulting from benefits extended to my Domestic Partner. I understand that I will be required to complete Form PS-425.3, Dependent Tax Affidavit, if my Domestic Partner's status under IRC Section 152 changes at any time.

DOES NOT qualify as my dependent under Internal Revenue Code Section 152. Checking this box is my official affirmation to NYSHIP that I am responsible for reporting and paying federal tax on any imputed income resulting from benefits extended to my Domestic Partner. I understand that if I am enrolled in the Pre-Tax Contribution Program, that the dependent portion of the cost of my NYSHIP family coverage will be taken on a post-tax basis because my dependent is not federally qualified. I understand that I will be required to complete PS-425.3, Dependent Tax Affidavit, if my dependent's status under IRC Section 152 changes at any time.

Section B Required Proofs

To cover your Domestic Partner in NYSHIP, you must submit proof of joint responsibility for basic financial obligations and proof of cohabitation.

For proof of joint responsibility for basic financial obligations, you must submit two documents from the list included on Form PS-425. One of these proofs must be at least six months old on the date you submit your PS-425. The second proof from this list must be dated within six months of the date that you submit your PS-425 and must be a different form of proof than the older proof submitted. For example, if you provide a statement from your joint bank account as your first form of proof, you may not provide a more recent statement from that same bank account as the second form of proof.

For proof of cohabitation, you must submit at least one document from the list included on Form PS-425. You may submit one document on which both names appear or two separate documents that specify each partner's residential address. Proofs of cohabitation must contain a residential address, not a PO Box. All documents submitted for proof of cohabitation must be at least six months old on the date you submit your PS-425.

Your domestic partnership is considered to have been established as of the earliest documented date that you and your Domestic Partner were both living together and financially interdependent. This date will be referred to as your "Partnership Establishment Date," and will be used to determine when your Domestic Partner may be enrolled in NYSHIP coverage. If you pro9 (er)-a3lYumenFor prooroofn Ns cohabitat .eysnancil be

Domestic Partners and Medicare

Your Domestic Partner must enroll in Medicare Parts A and B when one of the following occurs:

- x Your Domestic Partner turns 65 years old;
- x Your Domestic Partner has completed a Medicare 30-month coordination period for end-stage renal disease; or
- x You are enrolled in coverage as a retiree and your Domestic Partner qualifies for Medicare prior to age 65 due to a disability or amyotrophic lateral sclerosis (ALS).

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