

**CITY OF TAMPA RETIREE
DECLARATION OF DOMESTIC PARTNERSHIP
INFORMATION SHEET**

The Declaration of Domestic Partnership allows retirees in committed relationships that meet the criteria to declare that partnership for purposes of enrollment in City health insurance benefits. The declaration does not affect state law, which covers many important areas such as property rights, custody and inheritance, etc. If you have questions about any of these issues, including the ramifications of declaring the partnership for purposes of health insurance, you should consult a lawyer.

WHO CAN QUALIFY AS DOMESTIC PARTNERS?

To be domestic partners, you and your partner must meet all six requirements listed in the Declaration of Domestic Partnership and submit proof of eligibility by furnishing at least two of six documents. To complete the Declaration process you and your partner must complete the "Declaration of Domestic Partnership" form where both partners must sign under the penalties of perjury. The retiree must then submit copies of documentation along with their application to their appropriate pension office. Retirees do not complete the partnership information unless they are enrolling in health insurance.

WHO CAN QUALIFY AS A DEPENDENT OF THE DOMESTIC PARTNERSHIP?

Children of a domestic partner are eligible for health insurance benefits if they meet the same criteria as the dependent children of a retiree's legal spouse and all other eligibility requirements as described in the plan documents and/or City documents.

DURING THE YEAR, CAN I CHANGE MY HEALTH INSURANCE COVERAGE AND/OR DEPENDENTS?

Remember that once enrolling in coverage, the plan does not permit changes in coverage except for certain qualifying events. These are listed in the booklet "City of Tampa Benefits Booklet for Non-Medicare Retirees."

HOW DO I TERMINATE MY DECLARATION OF DOMESTIC PARTNERSHIP?

Within 30 days of the date that the partnership dissolves or no longer meets the criteria set forth in the declaration, the retiree is required to complete and file with their appropriate pension office the Notice of Termination of Declaration of Domestic Partnership form. It is very important that all retirees understand this requirement and detailed information is provided in the Declaration of Domestic Partnership form which the retiree is required to acknowledge and sign.

**CITY OF TAMPA RETIREE
DECLARATION OF DOMESTIC PARTNERSHIP**

Retiree Name: _____ **ID#:** _____

Partner's Name: _____

This Declaration of Domestic Partnership is submitted for the purpose of any benefits that the City of Tampa may extend to City of Tampa retirees' domestic partners and their dependent children.

As Domestic Partners, we hereby declare that we are two individuals of the same or opposite gender who reside together in a long-term relationship of indefinite duration; and, that there is an exclusive mutual commitment in which we agree to be jointly responsible to each other's common welfare and share financial obligations.

We declare and acknowledge that we meet all six of the following criteria:

- We are each other's sole domestic partner and intend to remain so indefinitely;
- We have a common residence and, at the time of this declaration, have resided together on a continuous basis for the preceding six (6) months and intend to continue the arrangement.
- We are at least 18 years of age and mentally competent to consent to a contract.
- We share responsibility for a significant measure of each other's common welfare and financial obligations.
- We are not married to or domestic partners with anyone else and have not been so during the preceding six (6) months.
- We are not related by blood in any way, which would prohibit legal marriage in the State of Florida

As proof of eligibility to declare domestic partnership, we are furnishing at least two (2) of the following:

- Joint lease, mortgage, or deed of the common residence;
- Joint ownership of an automobile used for transportation;
- Joint ownership of regularly used checking or savings account;
- Designation of the partner as a beneficiary for life insurance, deferred compensation or other Retirement/disability policy;
- Designation of the partner as a primary beneficiary of the employee's will, or joint wills;
- Designation of the partner as holding power of attorney for health care;

Evidence of compliance with the above criteria will be required at the time of the initial declaration, and may also be required during such time as benefits (coverage, payments) for the domestic partner and/or dependent children of the domestic partner are sought. If after initial declaration the criteria upon which the continuation of the domestic partner relationship is based changes, the retiree is responsible for submitting documentation of such changes and proof that two (2) of the criteria are continuously met or benefits may be denied. It is further understood that children of the domestic partner shall be eligible for benefits only if they meet the insurance and City eligibility requirements the same as for dependent children of an retiree's legal spouse. All other eligibility requirements as described in plan documents and/or City documents.

We acknowledge that:

- We cannot file another Declaration of Domestic Partnership for a new Domestic Partner until at least six (6) months after a Notice of Termination of Declaration of Domestic Partnership has been submitted and received by the Pension Office.
- We have an obligation to file a Notice of Termination of Declaration of Domestic Partnership with the Pension Office, within thirty (30) days of the earliest of (a) the death of the domestic partner; or (b) the date on which the partnership no longer meets the eligibility criteria.
- We understand that we would be well advised to consult an attorney regarding the possibility that the filing of this document may have certain legal consequences including the fact that it may, in the event of termination of the relationship, be regarded as a factor leading a court to treat the relationship as the equivalent of marriage for the purpose of establishing and dividing community property, or for ordering payment of support.
- We understand that in the case of the termination of the domestic partnership by other than death, the retiree's failure to file a Notice of Termination of Declaration of Domestic Partnership, as described previously, shall result in the retiree being subject to a reimbursement obligation. In a case in which a domestic partnership dissolves by a method other than death of either partner, the domestic partnership shall be deemed to have terminated as of the date the partnership no longer meets the eligibility criteria, and entitlement to coverage/benefits as a domestic partner or the dependent child of a domestic partner shall terminate as of that date. If the relationship dissolves as a result of death of the retiree, entitlement to coverage/benefits as a domestic partner or the dependent child of a domestic partner shall terminate as of the date of death.
- We understand that the filing of this does not guarantee eligibility for enrollment in the benefits that are offered by the City of Tampa. Furthermore, the health plan providers may request additional or updated information, at their discretion.

It is further understood that by completing this form, we acknowledge receipt and understanding of the "City of Tampa Retiree - Declaration of Domestic Partnership - Information Sheet" and the "Notice of Termination of Declaration of Domestic Partnership" form.

I affirm, under penalty of perjury, that the statements in this affidavit are true to the best of my knowledge.

Retiree:

Partner:

Signature

Signature

Print Name

Print Name

SWORN TO AND SUBSCRIBED before me this _____ day of _____, 20_____.

Notary Public

Personally Known () or Produced Identification ()

**CITY OF TAMPA RETIREE
NOTICE OF TERMINATION OF
DECLARATION OF DOMESTIC PARTNERSHIP**

Retiree Name: _____ **ID #:** _____

I hereby notify the Pension Office, that:

My domestic partnership with _____ has been terminated due to the following reasons:
Partner's Name

- My partner (listed above) has died. Death certificate is required to be presented and insurance is terminated effective immediately.
- My partner (listed above) has married. Insurance is terminated effective immediately.
- My domestic partnership has terminated and/or I no longer meet the requirements of the Declaration of Domestic Partnership. Insurance is terminated effective with the last day of the calendar month. I have mailed a copy of this Notice of Termination of Declaration of Domestic Partnership to my former domestic partner.
- My partner has obtained coverage through his/her employer.
- My partner has enrolled in Medicare.

I affirm, under the penalty of perjury, that the statements in this affidavit are true to the best of my knowledge.

Retiree:

Signature

Print Name

SWORN TO AND SUBSCRIBED before me this _____ day of _____, 20_____.

Notary Public

Personally Known () or Produced Identification ()