

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

The Declaration of Domestic Partnership allows employees 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. You must also complete, and sign in front of a notary, the Declaration of Domestic Partnership and submit the Declaration along with at least two supporting documents for proof of eligibility, to Human Resources Employee Benefits.

**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 an employee's legal spouse and all other eligibility requirements as described in the plan documents and/or City documents. Copies of birth certificates are required.

**WHAT ARE THE TAX CONSEQUENCES OF ENROLLING MY DOMESTIC PARTNER IN HEALTH INSURANCE?**

Because the IRS does not recognize domestic partners as the equivalent of spouses, payroll deductions for payment of domestic partner coverage cannot be made on a pre-tax basis and employees will also have to pay income taxes on the imputed value of the benefits their domestic partners receive. Employees should consult a tax advisor concerning the tax consequences of obtaining health insurance coverage for their domestic partner and their children, if any.

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

Once enrolled in coverage, the IRS does not permit changes in coverage except for certain qualifying events. These are listed in the annual "City of Tampa Employee Benefits Guide."

**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 employee is required to complete and file with Human Resources Employee Benefits the Notice of Termination of Declaration of Domestic Partnership form. Detailed information is provided in the Declaration of Domestic Partnership form.

**IS MY ENROLLMENT IN DOMESTIC PARTNER FAMILY HEALTH INSURANCE A PUBLIC RECORD?**

To the extent permitted by law, the City does not share health insurance information with other employees, the media, or any other person, and keeps all health insurance information confidential. However, standard reports will list the number of employees enrolled in this type of coverage (without the names of the employees). The Declaration of Domestic Partnership and the Notice of Termination of Declaration of Domestic Partnership are public records. If a public records request occurs for the employee's personnel file, the form(s) would be viewed.

**WHAT IF THE EMPLOYEE TERMINATES EMPLOYMENT?**

Health insurance coverage remains in effect until the last day of the calendar month in which the employee separates. The employee can continue to purchase single coverage through COBRA regulations for a specific time frame. The domestic partner and/or domestic partner's children are not eligible for COBRA coverage. You may want to explore conversion or purchase of private coverage with the health insurance provider.

**CITY OF TAMPA EMPLOYEE  
DECLARATION OF DOMESTIC PARTNERSHIP**

**Employee Name:** \_\_\_\_\_ **ID#:** \_\_\_\_\_

**Domestic 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 employee's domestic partner and domestic partner 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 requirements:

- 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 legally 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 and are not related by marriage.

As proof of eligibility to declare domestic partnership, we are furnishing at least two (2) of the following, one from List A and one from List B:

At least one document from List A to verify six months of shared residence:

- Joint lease, mortgage, or deed of the common residence showing both names,
- Utility bills showing both names,
- Certificate of Domestic Partner Registration issued from a State, County, or municipality where 6 months of joint residency is required

At least one document from List B to verify six months of shared financial interdependence:

- Joint ownership of an automobile,
- Joint ownership of regularly used checking or savings account,
- Joint ownership of consumer or bank loans or credit cards,
- Designation of each other as a primary 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
- Legal documentation that shows joint adoption or legal guardianship of any dependents

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 employee 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 employee'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 City of Tampa Human Resources Employee Benefits.
- We have an obligation to file a Notice of Termination of Declaration of Domestic Partnership with City of Tampa Human Resources Employee Benefits, 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 in the case of the termination of the domestic partnership by other than death, the employee's failure to file a Notice of Termination of Declaration of Domestic Partnership, as described previously, shall result in the employee being subject to discipline and 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 the end of that month. If the relationship dissolves as a result of death of the employee, entitlement to coverage/benefits as a domestic partner or the dependent child of a domestic partner shall terminate as of the date of death. In any event, the City's portion of the premium payments for the premium including the former domestic partner (and the partner's dependents, if applicable) incurred after eligibility for coverage would have or did terminate, shall be an obligation of the employee and/or the domestic partner. Such amounts may be withheld through salary deductions from the employee's paycheck, including withholding amounts from the final paycheck, or any other lawful means, at the discretion of the City.
- 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 Employee - Declaration of Domestic Partnership - Information Sheet" and the "Notice of Termination of Declaration of Domestic Partnership" form.

\_\_\_\_\_  
Employee/Retiree Signature

\_\_\_\_\_  
Print Name

**STATE OF FLORIDA**

**COUNTY OF** \_\_\_\_\_

The foregoing instrument was acknowledged before me by means of \_\_\_\_ physical presence or \_\_\_\_online notarization, this \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, by \_\_\_\_\_.

\_\_\_\_\_  
Signature of Notary Public

\_\_\_\_\_  
Print or Stamp of Notary Public

Personally Known \_\_\_\_ or Produced Identification \_\_\_\_ Type of Identification Produced \_\_\_\_\_

\_\_\_\_\_  
Domestic Partner Signature

\_\_\_\_\_  
Print Name

**STATE OF FLORIDA**

**COUNTY OF** \_\_\_\_\_

The foregoing instrument was acknowledged before me by means of \_\_\_\_ physical presence or \_\_\_\_online notarization, this \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, by \_\_\_\_\_.

\_\_\_\_\_  
Signature of Notary Public

\_\_\_\_\_  
Print or Stamp of Notary Public

Personally Known \_\_\_\_ or Produced Identification \_\_\_\_ Type of Identification Produced \_\_\_\_\_

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

**Employee Name:** \_\_\_\_\_ **ID #:** \_\_\_\_\_

I hereby notify City of Tampa Human Resources Employee Benefits 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.
- ☐ My partner (listed above) has married.
- ☐ My domestic partnership has terminated and/or I no longer meet the requirements of the Declaration of Domestic Partnership.
- ☐ My partner has obtained coverage through his/her employer.
- ☐ My partner has enrolled in Medicare.

Insurance is terminated effective with the last day of the calendar month that the domestic partner no longer meets eligibility. I have mailed a copy of this Notice of Termination of Declaration of Domestic Partnership to my former domestic partner.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Print Name

**STATE OF FLORIDA**  
**COUNTY OF** \_\_\_\_\_

The foregoing instrument was acknowledged before me by means of \_\_\_\_ physical presence or \_\_\_\_ online notarization, this \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, by \_\_\_\_\_.

\_\_\_\_\_  
Signature of Notary Public

\_\_\_\_\_  
Print or Stamp of Notary Public

Personally Known \_\_\_\_ or Produced Identification \_\_\_\_ Type of Identification Produced \_\_\_\_\_