

Domestic Partner Eligibility

Relationship	Documentation Requirements
Domestic Partner (Not married) NOTE: A copy of the Domestic Partnership Affidavit is available.	Affidavit of Domestic Partnership and any two of the following, demonstrating a minimum of a year (12 consecutive months) partnership: <ul style="list-style-type: none"> • Joint mortgage or lease of residence • Joint ownership of a motor vehicle • Joint bank or investment account • Joint credit card or other financial responsibility • Will naming the partner as the beneficiary • Life Insurance policy naming the partner as the beneficiary • Assignment of durable power of attorney or healthcare proxy <p style="text-align: center;">- OR -</p> <ul style="list-style-type: none"> • Affidavit of Domestic Partnership and copy of registration under applicable state law or municipality
Children of Domestic Partner	<ul style="list-style-type: none"> • Birth Certificate (must list Domestic Partner as a parent) and Domestic Partner documentation as defined above. <p>NOTE: Domestic Partner must be included in coverage. You must select “Employee and Domestic Partner with children” coverage.</p>
Grandchildren of Domestic Partner	<ul style="list-style-type: none"> • Birth Certificate (must list Domestic Partner’s child as a parent) and child(ren) of Domestic Partner documentation as defined above. <p>NOTE: Domestic Partner must be included in coverage. You must select “Employee and Domestic Partner with children/grandchildren of a Domestic Partner” coverage.</p> <ul style="list-style-type: none"> • Legal Custody or Guardianship documentation

Important Information

Proof of eligibility must be provided for Domestic Partner and all listed Children or Grandchildren of Domestic Partner (Include this form with the required documentation and the completed notarized Affidavit)

EMPLOYEE #: _____

EMPLOYEE/RETIREE/PARTICIPANT NAME:

SOCIAL SECURITY #: _____

Print, complete and include this form with the required documentation

RETURN VIA US MAIL TO:

Office of Risk & Benefits Management
P.O. Box 12241,
Miami, Florida 33101

RETURN VIA SCHOOL MAIL: WL 9112 Suite 335

-OR- E-FAX: (877) 217-0269.

Indicate the relationship of your dependent on the form below.

DP = Domestic Partner **DC** = Child of Domestic Partner **DGC** = Grandchild of Domestic Partner

Last Name	DEPENDENT NAME (print clearly)		MI	BIRTH DATE	SOCIAL SECURITY #	RELATIONSHIP	GENDER	DOCUMENT PROOF INCLUDED (birth certificate, marriage certificate, ex.)
	First Name							

SIGNATURE: _____

DATE: _____

NOTE: This is not an enrollment form, you must still complete your benefits enrollment and return it with both the dependent documentation and the notarized Domestic Partner Affidavit.