

Domestic Partner Eligibility

Relationship	Documentation Requirements
Domestic Partner (Not married) A copy of the Domestic Partnership Affidavit is available on the following page of this online Benefits Guide.	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 OR: Affidavit of Domestic Partnership and copy of registration under applicable state law or municipality
Children of Domestic Partner	Birth Certificate (must list domestic partner as a parent) and Domestic Partner documentation as defined above. Note: Domestic Partners must be included in coverage. You must select "Employee and Domestic Partner with children" coverage.
Grandchildren of Domestic Partner	Birth Certificate (must list Domestic Partner's child as a parent) and children of Domestic Partner documentation as defined above. Note: Domestic Partners must be included in coverage. You must select "Employee and Domestic Partner with children of a Domestic Partner" coverage. Legal Custody or Guardianship documentation
Domestic Partner Same Sex	A Domestic Partner of the same sex and legally married are covered on a tax-free basis with proper documentation (marriage certificate).

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 Number _____

Employee/Retiree/Participant Name _____

Social Security Number _____

PRINT AND RETURN TO FBMC BY U.S. MAIL TO:

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

RETURN BY SCHOOL MAIL TO:

Work Location 9112, Suite
 335 **OR FAX TO:** 1-800-847-8253

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) First Name	MI	BIRTH DATE	SOCIAL SECURITY #	RELATIONSHIP	GENDER	DOCUMENT PROOF INCLUDED (birth certificate, joint mortgage, etc.)

Employee/Retiree/Participant 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