

# **DOMESTIC PARTNERSHIP GUIDE**



## **January 2015**

**General Services Department  
Risk Management Division  
Employee Benefits Bureau**

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## Summary of Eligibility Requirements

Please see current Benefits Administration Guide for **complete listing** of eligibility requirements. It can be found at:

<https://www.mybenefitsnm.com/FGP.htm>

### Domestic Partner Eligibility Requirements

- An eligible employee's Domestic Partner may be enrolled as a dependent upon submission of executed Affidavits of Domestic Partnership. NOTE: According to Federal IRS Guidelines, premiums for Domestic Partners **cannot** be taken on a pre-tax basis.
- Employee and Domestic Partner must be in an exclusive and committed relationship for the benefit of each other, and the relationship is similar to a marriage relationship in the State of New Mexico.
- Employee and Domestic Partner must share and have shared together for 12 or more consecutive months a common, primary residence.
- Employee and Domestic Partner must be jointly responsible for each other's common welfare and share financial obligations.
- Employee and Domestic Partner must not be married or a member of another domestic partnership; nor have been so during the past 12 months. NOTE: if a Domestic Partnership dissolves and the same 2 people want to become partners again, they must once again meet the 12 month requirements.
- Employee and Domestic Partner must be at least 18 years of age.
- Employee and Domestic Partner must be legally competent to sign this Affidavit of Domestic Partnership.
- Employee and Domestic Partner must not be related by blood to a degree of closeness that would prevent them from being married to each other in the State of New Mexico.

## **Domestic Partner Child/Children Eligibility Requirements**

- Domestic Partner Dependent Children must be the biological children or legally adopted children of the domestic partner.
- Domestic Partner Dependent Children must have been placed in the household of the employee and Domestic Partner as part of an adoptive placement, legal guardianship, or by court order (excludes foster children).
- Domestic Partner Dependent Children must NOT be 26 years of age, or be covered as an employee in addition to being covered as a dependent nor be covered as a dependent by more than one employee.

# Affidavit of Domestic Partnership

**SUSANA MARTÍNEZ**  
GOVERNOR  
  
**ED BURCKLE**  
CABINET SECRETARY  
GENERAL SERVICES DEPARTMENT  
  
**A.J. FORTE**  
DIRECTOR  
RISK MANAGEMENT DIVISION



State of New Mexico  
General Services Department

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(505) 827-0442  
  
STATE PRINTING & GRAPHIC SERVICES BUREAU  
(505) 476-1950

## AFFIDAVIT OF DOMESTIC PARTNERSHIP

*As required by Executive Order 2003-010, this affidavit must be used to apply for domestic partner benefits and must be filed with the state employee's human resources office.*

### A. DECLARATION OF DOMESTIC PARTNERSHIP

I, \_\_\_\_\_, declare that I am in a domestic partnership with  
(Print State Employee's Name)

\_\_\_\_\_. Further, we declare that:  
(Print Domestic Partner's Name)

1. We are in an exclusive and committed relationship for the benefit of each other, and our relationship is the same as, or similar to, a marriage relationship in the State of New Mexico.
2. We share and have shared together for 12 or more consecutive months a common, primary residence.
3. We are jointly responsible for each other's common welfare and we share financial obligations.
4. Neither of us is married or a member of another domestic partnership; nor have either of us been so during the past 12 months.
5. We are both at least 18 years of age.
6. We are both legally competent to sign this Affidavit of Domestic Partnership.
7. We are not related by blood to a degree of closeness that would prevent us from being married to each other in the State of New Mexico.

### B. BENEFITS FOR THE ELIGIBLE DEPENDENTS CHILDREN OF THE DOMESTIC PARTNER

Domestic partner benefits are also available to the domestic partner's children, provided, however, that the child is primarily dependent upon the employee or domestic partner for support and is an eligible dependent child because:

1. Either of the domestic partners is the biological parent of the child;
2. Either or both partners are legally adoptive parents of the child; or
3. The child has been placed in the Domestic Partners' household as part of an adoptive placement, legal guardianship, or by court order (excludes foster children).

We declare that the following named individual(s) is/are eligible dependent child(ren):

\_\_\_\_\_  
(For each Eligible Dependent Child, list the child's name and describe the relationship to the Domestic Partner)

\_\_\_\_\_  
\_\_\_\_\_

### C. EXCLUSIONS

Except for the eligible individuals named in Section B above, the following persons are not covered by Domestic Partner benefits and are not considered eligible dependents: parents, foster children, mere roommates, and other relatives who are related to the state employee to such a degree of closeness that marriage would be prohibited in the State of New Mexico.

**D. ACKNOWLEDGMENTS**

- 1. By signing this Affidavit of Domestic Partnership, we agree to notify the human resources office at the state employee's job in writing within 31 days (a) of any change in our status as domestic partners when any of the items in the Declaration of Domestic Partnership (paragraph, A above) no longer apply, (b) because we wish to terminate our domestic partnership (termination notice must be done using the Risk Management Division form "Affidavit of Termination of Domestic Partnership"), or (c) in the event a dependent ceases to meet the eligibility requirements for benefit coverage.
- 2. We understand that the value of insurance benefits provided to the domestic partner is considered by the federal Internal Revenue Service as taxable income to the employee, that the value thereof is subject to social security and federal income tax withholding, and that current state tax laws require state income tax withholding as well.
- 3. We understand that the State of New Mexico will pay its portion of the premium on the domestic partner's and dependent benefits, if any, in the same proportion as is paid for similar benefit premium portions paid for spouses and dependents of married persons covered by the state employee's benefits program, and that the state employee is required to pay their portion of the premium on the domestic partner's and dependent benefits, if any, in the same proportion as is required for similar benefit premium portions that married state employees pay for spouses and dependents.
- 4. We acknowledge that we are hereby advised to seek competent legal advice about present and future financial obligations we may be undertaking before we sign this Affidavit of Domestic Partnership.
- 5. We understand that at any time we may be requested in writing by the Risk Management Division Director to provide reasonable written proof that we are jointly responsible for the common welfare of each other, that we share financial obligations, and/or to show that the named dependents, if any, are eligible for benefits coverage, and that if we fail to provide such requested proof, then the domestic partner or dependent benefits can be denied or terminated.
- 6. WE UNDERSTAND THAT ANY MISREPRESENTATION OF FACT MADE IN THIS AFFIDAVIT OF DOMESTIC PARTNERSHIP MAY RESULT IN LOSS OF BENEFITS AND/OR DISCIPLINARY ACTION, AND THAT AS A RESULT OF SUCH MISREPRESENTATION THE STATE EMPLOYEE MAY BE REQUIRED TO REIMBURSE THE STATE OF NEW MEXICO FOR ANY COST FOR PROVIDING BENEFIT COVERAGE OR FOR PROVIDING THE ACTUAL BENEFITS, SUCH COSTS INCLUDING, AMONG OTHER THINGS, ATTORNEY'S FEES.

**E. NOTARIZATION**

**We affirm, under penalty of perjury, that the assertions in this Affidavit of Domestic Partnership are true and correct.** (*Both partners must sign this legal document in the presence of a Notary Public.*)

\_\_\_\_\_  
Signature of State Employee (Print State Employee's Name)

\_\_\_\_\_  
Signature of Domestic Partner (Print Domestic Partner's Name)

\_\_\_\_\_  
Common Residence Address City State Zip Code

\_\_\_\_\_  
Mailing Address City State Zip Code

STATE OF NEW MEXICO )  
) ss.  
COUNTY OF \_\_\_\_\_ )  
(County Name)

SUBSCRIBED AND SWORN to this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_, by

\_\_\_\_\_, an employee of the State of New Mexico, and  
(Print State Employee's Name)

\_\_\_\_\_, the State Employee's Domestic Partner.  
(Print Domestic Partner's Name)

\_\_\_\_\_  
Notary Public

My Commission Expires:

# Notice of Termination of Domestic Partnership

**SUSANA MARTÍNEZ**  
GOVERNOR

**ED BURCKLE**  
CABINET SECRETARY  
GENERAL SERVICES DEPARTMENT

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## NOTICE OF TERMINATION OF DOMESTIC PARTNERSHIP *Executive Order 2003-010*

*Return this form to the State Employee's Human Resources Office within 31 calendar days from the date the domestic partnership terminated.*

- I, the undersigned, do declare that my former partner, \_\_\_\_\_, and I are no longer in a Domestic Partner. *(Print Former Domestic Partner's Name)*
- (Fill out this part only if the termination is caused by death or marriage of the domestic partner; otherwise leave this blank and skip to the signature section below.)*

If the termination is caused by the death or marriage of the domestic partner, please indicate the date of the death or the marriage: \_\_\_\_\_. This date is the actual termination date of the Domestic Partnership. *(Month/Day/Year)*

I declare, under penalty of perjury, that the above statements are true and correct. *(Sign this Notice in the presence of a Notary Public.)*

\_\_\_\_\_  
Signature (Print Name)

\_\_\_\_\_  
Mailing Address City State Zip Code

STATE OF NEW MEXICO )  
 ) ss.  
COUNTY OF \_\_\_\_\_ )  
*(County Name)*

SUBSCRIBED AND SWORN to this \_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_, by \_\_\_\_\_;  
an employee of the State of New Mexico *(Month/Year)* *(Print Employee's Name)*

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
My Commission Expires

# Employee, Domestic Partner and Dependent Coverage Instructions

There are two (2) scenarios and two (2) possible set-ups at present in SHARE related to Domestic Partners and Dependents:

- Employee Only + Domestic Partner ADULT
- Employee Only + Domestic Partner + Child/Children
- NOTE: If employee is not covering the Domestic Partner, the set-up would be Employee + Child/Children (pre-tax deductions)

The coverage codes (Employee, Employee + Spouse, Employee + Child/Children, or Family) are the same for each carrier, as are coverage codes listed in bullets above for the Domestic Partners in SHARE. Follow the same method for Dental and Vision.

**PREMIUM:** Premiums that have the Domestic Partners enrolled should be equal to the premiums for Employee + Spouse, Employee + Child/Children, or Family coverage for the specific Salary Bands A (less than \$50K), B (\$50k - \$59,999) or C (\$60K and over). The Domestic Partner premium is AFTER tax. IRS Section 125 does not currently recognize pre-tax advantages for Domestic Partnerships.

## 1. Employee + Domestic Partner Adult

Enroll Employee + Domestic Partner in Coverage Code Option 5

Option Code	Option Type	Benefit Plan	Coverage Code
001	Option	BCBSP	1
002	Option	BCBSP	2
003	Option	BCBSP	3
004	Option	BCBSP	4
005	Option	BCBSP	5
007	Option	BCBSP	7
011	Option	LOVEP	1
012	Option	LOVEP	2
013	Option	LOVEP	3
014	Option	LOVEP	4
015	Option	LOVEP	5
017	Option	LOVEP	7
021	Option	PRES P	1
022	Option	PRES P	2
023	Option	PRES P	3
024	Option	PRES P	4
025	Option	PRES P	5
027	Option	PRES P	7
999	Waive Optn	(blank)	(blank)

5= Employee+ Domestic Partner

EMPLOYEE PLUS DOMESTIC PARTNER (EMPLOYEE + SPOUSE)										
	GROSS RATE	Salary Less than \$50k			Salary \$50K to \$59,999K			Salary \$60K and Over		
		EE Pre	EE After	State	EE Pre	EE After	State	EE Pre	EE After	State
		20%		80%	30%	70%	40%	60%		
Presbyterian - HMO	\$ 500.88	\$ 44.52	\$ 55.65	\$ 400.70	\$ 66.78	\$ 83.48	\$ 350.62	\$ 89.05	\$ 111.31	\$ 300.53
BCBS - HMO	\$ 500.88	\$ 44.52	\$ 55.65	\$ 400.70	\$ 66.78	\$ 83.48	\$ 350.62	\$ 89.05	\$ 111.31	\$ 300.53
BCBS - PPO	\$ 582.56	\$ 51.78	\$ 64.73	\$ 466.05	\$ 77.67	\$ 97.10	\$ 407.79	\$ 103.56	\$ 129.46	\$ 349.53
Delta Dental	\$ 26.77	\$ 2.68	\$ 2.68	\$ 21.42	\$ 4.02	\$ 4.01	\$ 18.74	\$ 5.36	\$ 5.35	\$ 16.06
Vision Service Plan	\$ 4.68	\$ 0.50	\$ 0.44	\$ 3.74	\$ 0.74	\$ 0.66	\$ 3.28	\$ 0.99	\$ 0.88	\$ 2.81



## 2. Employee + Domestic Partner + Child/Children

Enroll Employee in Coverage Code Option 7 for Employee + Domestic Partner + Child/Children

Option Code	Option Type	Benefit Plan	Coverage Code
001	Option	BCBSP	1
002	Option	BCBSP	2
003	Option	BCBSP	3
004	Option	BCBSP	4
005	Option	BCBSP	5
007	Option	BCBSP	7
011	Option	LOVEP	1
012	Option	LOVEP	2
013	Option	LOVEP	3
014	Option	LOVEP	4
015	Option	LOVEP	5
017	Option	LOVEP	7
021	Option	PRES P	1
022	Option	PRES P	2
023	Option	PRES P	3
024	Option	PRES P	4
025	Option	PRES P	5
027	Option	PRES P	7
999	Waive Optn	(blank)	(blank)

7= Employee+ Domestic Partner+Child/Children

EMPLOYEE PLUS DOMESTIC PARTNER PLUS CHILDREN (FAMILY)										
	GROSS RATE	Salary Less than \$50k			Salary \$50K to \$59,999K			Salary \$60K and Over		
		EE Pre	EE After	State	EE Pre	EE After	State	EE Pre	EE After	State
		20%		80%	30%		70%	40%		60%
Presbyterian - HMO	\$ 656.71	\$ 75.69	\$ 55.65	\$ 525.37	\$ 113.53	\$ 83.48	\$ 459.70	\$ 151.38	\$ 111.31	\$ 394.02
BCBS - HMO	\$ 656.71	\$ 75.69	\$ 55.65	\$ 525.37	\$ 113.53	\$ 83.48	\$ 459.70	\$ 151.38	\$ 111.31	\$ 394.02
BCBS - PPO	\$ 763.79	\$ 88.03	\$ 64.73	\$ 611.03	\$ 132.04	\$ 97.10	\$ 534.65	\$ 176.05	\$ 129.46	\$ 458.27
Delta Dental	\$ 40.16	\$ 5.36	\$ 2.68	\$ 32.13	\$ 8.03	\$ 4.01	\$ 28.11	\$ 10.71	\$ 5.35	\$ 24.10
Vision Service Plan	\$ 6.90	\$ 0.94	\$ 0.44	\$ 5.52	\$ 1.41	\$ 0.66	\$ 4.83	\$ 1.88	\$ 0.88	\$ 4.14

## Frequently Asked Questions

Q. Can an employee cover an ex-spouse or an ex-domestic partner as a domestic partner?

A. Yes, they would be required to meet the guidelines as listed in the Affidavit, specifically and not limited to sharing a common, primary residence for 12 or more consecutive months prior to submitting the Affidavit.

Q. How are employees saving money in taxes when they add a domestic partner and/or domestic partner children?

A. The IRS allows employees to take advantage of pre-tax benefits, but because domestic partners are not federally recognized, domestic partners are not able to have the pre-tax advantage.

Q. Can an employee just cover a domestic partner's child without covering the domestic partner?

A. Yes, an Affidavit of Domestic Partnership is still required to add a child or children of a domestic partner (see section B on Affidavit).

Q. Can an employee add a domestic partner ?

A. Yes, once an employee and domestic partner execute an Affidavit of Domestic partnership the change can be made within 31 days of the notarized affidavit.

Q. Can an employee add a domestic partner child/children at anytime?

A. No, because employee + child/children is a pre-tax deduction. Enrollment requires a Qualifying Event.

Q. Can an employee drop their domestic partner without a qualifying event?

A. Yes, since the premiums for domestic partnership are considered "Non-POP" (post-tax) domestic partners can be dropped at anytime. If the employee wants to add their domestic partner to their benefits again a Qualifying Event must occur before they can be re-enrolled.

Q. Can an employee cover a domestic partner who is employed by another state agency or local public body?

A. Yes, as long as they are not covered under another employee as a dependent, or are not self-covered.