Domestic Partnership

Benefits Enrollment Guide
Introduction

SDSU Research Foundation is pleased to provide benefits coverage for domestic partners of employees and retirees. This coverage will also be available to the eligible child(ren) of an employee's domestic partner. The benefit plans available to a domestic partner and the partner's eligible child(ren) include:

♦ Health
♦ Dental
♦ Vision
♦ Employee Assistance Program (EAP)

EAP coverage is not available to a domestic partner of a retiree

The basic provisions of all plans can be found in each contract or certificate of insurance.

Eligibility

To qualify for benefits under a domestic partnership, the employee and domestic partner must be eligible under the terms of the applicable insurance coverage and the employee and domestic partner, or the retiree and domestic partner must have executed a domestic partnership agreement and/or registered as domestic partners in a jurisdiction which authorizes such agreements and/or registries, OR must meet all of the following criteria:

1. They must be each other's sole domestic partner and intend to remain so indefinitely.
2. Neither of them may be married or legally separated from anyone else, or in another domestic partnership with someone else that has not been terminated, dissolved, or adjudged a nullity.
3. They must be at least eighteen (18) years of age and mentally competent to consent to the declaration of domestic partnership.
4. They may not be related by blood to a degree of closeness that would prohibit legal marriage in the state in which they legally reside.
5. They must currently reside together in the same residence and intend to do so indefinitely.
6. They must be jointly responsible for basic living expenses incurred during the domestic partnership.
7. They must affirm that at least THREE (3) of the following are true:

♦ They have lived together continuously for the previous twelve (12) months;
♦ The employee/retiree has named his/her domestic partner as a beneficiary under their will, or the domestic partner has named the employee/retiree as a beneficiary under their will;
♦ The employee/retiree has granted his/her domestic partner powers under a durable power of attorney, or the domestic partner has granted the employee/retiree powers under a durable power of attorney;
♦ The employee/retiree has previously named their domestic partner as a beneficiary on their life insurance policy, or the domestic partner has named the employee/retiree as a beneficiary on their life insurance policy;
♦ They have a joint bank account;
♦ They are cosigners of a lease or deed;
♦ They are named on the same car insurance policy.

Eligible Dependents of a Domestic Partner

In addition to health, dental, vision, and EAP coverage for a domestic partner, employees may also elect health, dental, vision, and EAP coverage for the qualified child(ren) of a domestic partner. The
child(ren) of a domestic partner are eligible for coverage if they are eligible under the applicable insurance coverage and if they are:

- Are under the age of 26

### 2019 Employee Monthly Cost of Coverage for Domestic Partners

<table>
<thead>
<tr>
<th>Coverage</th>
<th>Cigna Select HMO or Kaiser HMO</th>
<th>Cigna Full HMO</th>
<th>Cigna PPO</th>
<th>Dental</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee Only (Single)</td>
<td>$50</td>
<td>$90</td>
<td>$223.98</td>
<td>$0</td>
</tr>
<tr>
<td>Employee &amp; Domestic Partner (EE+1)</td>
<td>$90</td>
<td>$130</td>
<td>$481.56</td>
<td>$5</td>
</tr>
<tr>
<td>Employee &amp; Domestic Partner’s Child (EE+1)</td>
<td>$90</td>
<td>$130</td>
<td>$481.56</td>
<td>$5</td>
</tr>
<tr>
<td>Employee, DP &amp; Employee’s Child(ren) and/or DP’s Child(ren) (Family)</td>
<td>$115</td>
<td>$155</td>
<td>$660.74</td>
<td>$10</td>
</tr>
</tbody>
</table>

There is no additional monthly cost to the employee to enroll a domestic partner or a domestic partner’s child(ren) in a vision plan or the Employee Assistance Program.

Contributions for employee coverage and their child(ren) and a domestic partner’s and/or child(ren)’s coverage will be pre-tax and deducted from the employee’s paycheck.

The cost of coverage for a domestic partner of a retiree is determined by the vesting schedule associated with the retiree at the time they retired. SDSU Research Foundation’s Human Resources Office will calculate the amount due for retirees. Child(ren) of a retiree’s domestic partner are not eligible to be enrolled in the plan, and a domestic partner of a retiree is not eligible for the Employee Assistance Program (EAP) or vision coverage.

### Tax Consequences

The Internal Revenue Service (IRS) has determined that the actual cost of the domestic partner benefit is taxable income to the employee and retiree, unless the domestic partner qualifies under the dependency criteria of Internal Revenue Code § 152(a) as modified for purposes of Internal Revenue Code §§ 105 and 106. California State taxes are not due on the value of the benefit if the dependent qualifies under the federal rules or if the domestic partnership is registered with the California Secretary of State. If the employee or retiree resides outside California, they are encouraged to contact SDSU Research Foundation’s Human Resources Office for information on tax consequences of domestic partnerships in their State.

The value of SDSU Research Foundation’s paid coverage that relates to a domestic partner and/or a domestic partner’s child(ren) who is not a dependent under tax law will generally be considered imputed income. Imputed income is calculated as the value of the coverage provided to the domestic partner and/or the domestic partner’s child(ren). Please note:

- Taxes paid on the imputed income are in addition to the employee’s or retiree’s monthly plan cost.
• The amount of imputed income depends on the plan in which the employee or retiree is enrolled and the level of coverage selected.

• Imputed Income is taxable and will be added to the employee's gross income each pay period for the purposes of calculating federal and state income taxes and for Social Security and Medicare taxes.

• Imputed income will be reported on the employee's annual Form W-2.

• For retirees, all taxes should be paid when income taxes are filed and due. At the end of the tax year, imputed income will be reported on a Form W-2 issued to the retiree.

• For employees, imputed income is not included in the calculations for life insurance, disability insurance, or retirement plan benefits.

• The employee's or retiree's personal income tax bracket will determine the actual tax consequences.

Since there may be tax consequences to employees or retirees who enroll a domestic partner, employees or retirees may wish to consult a tax advisor before electing this coverage.

**2019 Monthly Imputed Income Chart for Employees**

<table>
<thead>
<tr>
<th>Adding</th>
<th>Tier Change</th>
<th>Kaiser</th>
<th>Cigna Select HMO</th>
<th>Cigna Full HMO</th>
<th>Cigna PPO</th>
<th>VSP Vision Cigna Only</th>
<th>Cigna Dental</th>
</tr>
</thead>
<tbody>
<tr>
<td>Domestic Partner (DP) or DP's Child</td>
<td>Single To EE + 1</td>
<td>$493.42</td>
<td>$649.18</td>
<td>$730.26</td>
<td>$1,030.28</td>
<td>$3.24</td>
<td>$32.16</td>
</tr>
<tr>
<td>DP and DP's Child (ren)</td>
<td>Single To Family</td>
<td>$911.40</td>
<td>$1,103.58</td>
<td>$1,241.08</td>
<td>$1,747.00</td>
<td>$10.92</td>
<td>$81.80</td>
</tr>
<tr>
<td>DP or DP's Child to EE + 1</td>
<td>EE + 1 To Family</td>
<td>$417.98</td>
<td>$454.40</td>
<td>$510.82</td>
<td>$716.72</td>
<td>$7.68</td>
<td>$49.64</td>
</tr>
<tr>
<td>DP or DP's Child to Family Coverage</td>
<td>Family To Family</td>
<td>$417.98</td>
<td>$454.40</td>
<td>$510.82</td>
<td>$716.72</td>
<td>$3.24</td>
<td>$38.88</td>
</tr>
</tbody>
</table>

There is no cost and no imputed income to the employee for a domestic partner's coverage under the Employee Assistance Program.

Imputed income for a retiree who enrolls a domestic partner will be calculated separately. Prior to enrollment, retirees who are interested in adding domestic partner coverage should contact SDSU Research Foundation's Human Resources Office to determine the imputed income amount, if applicable.

**Enrollment**

Employees may add or discontinue coverage for a domestic partner and/or domestic partner's child(ren), if applicable, during the annual Open Enrollment period. Employees or retirees enrolled in an SDSU Research Foundation health plan may add domestic partners and the domestic partner's child(ren), if applicable, to their health and dental plans, when first eligible. To enroll, the employee or retiree must submit, within 31 days of eligibility, the following forms to SDSU Research Foundation's Human Resources Office:

O:\Benefits\Domestic Partnership\Domestic Partner Information\2019 Domest Partner\2019 Domestic Partner Guide.dcf
1. SDSURF Declaration of Domestic Partnership Form
2. Domestic Partner Tax Dependent Certification Form
3. Only for same sex partnerships, or for opposite sex partnerships, if one of the individuals is at least age 62, State of California Declaration of Domestic Partnership Form (if applicable)
4. Benefits Enrollment or Change Form

Employees and retirees who fail to enroll a domestic partner or a domestic partner’s child(ren), if applicable, when first eligible, may enroll them during the next available Open Enrollment period, or within 31 days of a qualified mid-year change.

Mid-Year Changes

Changes to domestic partner coverage may be made if an employee has a qualified mid-year change and SDSU Research Foundation’s Human Resources Office is notified within 31 days of the change. Below are examples of mid-year changes that would allow employees to make coverage level changes:

- Declaration of a domestic partnership
  Available through the State for same sex partners or for opposite sex partners if one of the individuals is at least 62 years old
- Birth or legal adoption of a domestic partner’s child
- A change in a domestic partner’s employment status
- A significant change in a domestic partner’s employer’s health care coverage
- Death of the domestic partner or domestic partner’s child(ren)
- Termination of a domestic partnership

Effective Date of Domestic Partner Enrollment

Enrollment documents must be submitted within 31 days of eligibility or within 31 days of a qualified mid-year change. All forms should be submitted to SDSU Research Foundation’s Human Resources Office. Unless enrollment is based on a special enrollment event allowing retroactive coverage, coverage will be effective the first of the month following eligibility and receipt of enrollment documents. Coverage for domestic partners enrolled during the Open Enrollment period will be effective on January 1 for the following year.

Financial Liability of an Employee or Retiree with a Domestic Partner

The employee or retiree is responsible for maintaining accurate enrollment status with SDSU Research Foundation’s Human Resources Office. Failure to notify SDSU Research Foundation of the termination of the domestic partnership shall make the employee or retiree liable for any and all additional expenses incurred by the domestic partner and/or a domestic partner’s enrolled child(ren), if applicable, including premiums paid by SDSU Research Foundation.

Termination of Domestic Partnership

If the domestic partnership ends, or the domestic partner is no longer eligible, the employee or retiree must cancel all benefits coverage for the domestic partner within 31 days of the termination of the partnership. Coverage for children of the domestic partner, enrolled as a dependent child(ren) of the domestic partner must also be terminated once the domestic partnership dissolves. If you filed a Declaration of Domestic Partnership with the State, cancellation of domestic partnership coverage can be accomplished by submitting the Notice of Termination of Domestic Partnership Form to the Secretary of State, and a copy of it and all necessary change forms to SDSU Research Foundation’s Human Resources
office within 31 days of the dissolution of the partnership. If you did not file for a Declaration of Domestic Partnership with the Secretary of State and you wish to terminate the domestic partnership, complete and return the Notice of Termination of the Domestic Partnership Form to SDSU Research Foundation’s HR Office. The Notice of Termination of Domestic Partnership will affirm that the domestic partnership status is terminated, and that health, dental, and vision coverage will be terminated as of the end of the month in which the partnership ended. Failure to provide notification of the dissolution of the domestic partnership within 31 days may result in financial liability to the employee for claims, premium costs, and/or taxation on imputed income.

**Termination of Coverage for Enrolled Child(ren) of Domestic Partners**

Coverage for enrolled child(ren) of domestic partners will end the last of the month in which any of the following events occur:

- The child(ren) turns age 26
- The domestic partnership ends
- The child(ren) become ineligible for coverage

To end coverage for a domestic partner’s enrolled child(ren), employees must submit the appropriate change forms to SDSU Research Foundation’s Human Resources Office within 31 days of the event.

**Questions?**

For further questions or assistance regarding domestic partner coverage, contact SDSU Research Foundation’s Human Resources Office at 619-594-4139 or through email at sdsurfbenefits@foundation.sdsu.edu.

SDSU Research Foundation reserves the right to amend or discontinue any employee benefit plan, or any part of them, with or without notice, at any time at SDSU Research Foundation’s sole discretion. If there is a discrepancy between this document and the Plan Documents, the provisions of the Plan Documents will govern.

*Announcement November 2002
Benefit Effective Date = January 1, 2003*
DECLARATION OF DOMESTIC PARTNERSHIP

Please read instructions on reverse side before completing form.

We the undersigned, do declare that we meet the requirements of Family Code section 297, which are as follows:

- Neither person is married to someone else or is a member of another domestic partnership with someone else that has not been terminated, dissolved, or adjudged a nullity.
- The two persons are not related by blood in a way that would prevent them from being married to each other in this state.
- Both persons are at least 18 years of age, OR if one or both persons are under 18 years of age, a certified copy of the court order(s) granting permission to the underage person(s) to establish a domestic partnership is attached.
- Both persons are members of the same sex, OR one or both of the persons is over 62 years of age and one or both meet the eligibility criteria under Title II of the Social Security Act as defined in United States Code, title 42, section 402(a) for old-age insurance benefits or Title XVI of the Social Security Act as defined in United States Code, title 42, section 1381 for aged individuals.
- Both persons are capable of consenting to the domestic partnership.
- Both persons consent to the jurisdiction of the Superior Courts of California for the purpose of a proceeding to obtain a judgment of dissolution or nullity of the domestic partnership or for legal separation of partners in the domestic partnership, or for any other proceeding related to the partners' rights and obligations, even if one or both partners cease to be a resident of, or to maintain a domicile in, this state.

The representations are true and correct, and contain no material omissions of fact to the best of our knowledge and belief. Filling an intentionally and materially false Declaration of Domestic Partnership shall be punishable as a misdemeanor. (Family Code section 296(c).)

PARTNER 1

Printed Name (Last) (First) (Middle)

Signature of Partner as Stated Above

OPTIONAL Name Changes:

New Last Name

New Middle Name

Date of Birth (required for name change)

PARTNER 2

Printed Name (Last) (First) (Middle)

Signature of Partner as Stated Above

OPTIONAL Name Changes:

New Last Name

New Middle Name

Date of Birth (required for name change)

Mailing Address

City

State

Zip

State of California

County of ______________________

On ______________________, before me, ______________________, Notary Public, personally appeared

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature of Notary Public

[SEAL]

SEG/STATE NP/SF DP-1 (Rev 01/2012)
INSTRUCTIONS FOR COMPLETING THE DECLARATION OF DOMESTIC PARTNERSHIP (FORM NP/SF DP-1)

For easier completion, this form is available on the Secretary of State’s website at www.sos.ca.gov/dpregistry. It can be viewed, filled in and printed from your computer. If you do not complete this form online, please type or legibly print in black or blue ink. Do not alter this form.

Statutory filing provisions are found in California Family Code sections 297 and 298. All statutory references are to the California Family Code, unless otherwise stated.

Complete the Declaration of Domestic Partnership (Form NP/SF DP-1) as follows:

- Both persons must meet all of the requirements of Section 297, as stated on the front of the Declaration of Domestic Partnership form.
- Both persons must sign and affix their signatures to the same Declaration of Domestic Partnership form.
- Both persons must print their names legibly. The names must be printed in the order requested: Last name, First name, Middle name. If there is a suffix, i.e. Jr., Sr., etc., include this as part of the last name.
- One or both persons to a registered domestic partnership may change the middle or last names by which that person wishes to be known after registration of the domestic partnership by entering the new name and including their date of birth in the spaces provided on the Declaration of Domestic Partnership form. A person may adopt any of the following middle or last names: the current last name of the other domestic partner; the last name of either domestic partner given at birth; a name combining into a single last name all or a segment of the current last name or the last name of either domestic partner given at birth; or a hyphenated combination of last names. (Section 298.6)
- A complete mailing address is required (address, city, state, zip code.) Print legibly. Do not abbreviate city names.
- The signature of both persons must be notarized with a certificate of acknowledgment. The Declaration of Domestic Partnership must be signed using the name of the individual prior to the name change, if any, listed on this form.

The completed form can be mailed to Secretary of State, Domestic Partners Registry, P.O. Box 942877, Sacramento, CA 94277-0001 or delivered in person to the Sacramento office, 1500 11th Street, 2nd Floor, Sacramento, CA 95814 OR can be hand delivered for over-the-counter processing to the Los Angeles regional office. Please refer to the Secretary of State’s website at www.sos.ca.gov/dpregistry for office locations and phone numbers.

FEES:
- The fee for filing Form NP/SF DP-1 is $10.00.
- For same-sex partners, an additional $23.00 fee must be paid at the time of filing the form, for a total of $33.00.
- There is an additional $15.00 special handling fee for processing a document delivered in person to the Sacramento office or to the Los Angeles regional office.

Payments for documents submitted:
- by mail to Sacramento can be made by check or money order.
- over-the-counter in Sacramento can be made by check, money order, cash, or credit card (Visa or MasterCard).
- over-the-counter in the Los Angeles regional office can be made by check, money order, or credit card (Visa or MasterCard). The Los Angeles regional office is not able to accept cash.

Checks or money orders should be made payable to the Secretary of State.

The additional $23.00 fee will be used to develop and support a training curriculum specific to lesbian, gay, bisexual, and transgender domestic abuse support service providers who serve that community in regard to domestic violence, and to provide brochures specific to lesbian, gay, bisexual, and transgender domestic abuse. Brochures developed by the State Department of Public Health will be available upon request from the Secretary of State, as funding allows.
SDSU Research Foundation
Declaration of Domestic Partnership Form

<table>
<thead>
<tr>
<th>Employee/Retiree Red ID</th>
<th>Print Employee/Retiree Full Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Domestic Partner Date of Birth</td>
<td>Print Domestic Partner Full Name</td>
</tr>
</tbody>
</table>

We certify and declare that we are domestic partners in accordance with the following criteria and are eligible for benefits coverage as domestic partners under SDSU Research Foundation’s health, dental, vision, and Employee Assistance Program (if applicable).

For the purpose of eligibility, a domestic partnership consists of two adults of the same or opposite sex, who have chosen to share their lives in a committed relationship equivalent to that of married persons, and who reside together and share a mutual obligation of support for the basic necessities of life.

Based on this definition, we declare and acknowledge that we meet all of the following criteria:

1. We are each other’s sole domestic partner and intend to remain so indefinitely.

2. Neither of us is married or legally separated from anyone else, or in another domestic partnership with someone else that has not been terminated, dissolved, or adjudged a nullity.

3. We are at least eighteen (18) years of age and mentally competent to consent to the declaration of domestic partnership.

4. We are not related by blood to a degree of closeness that would prohibit legal marriage in the state in which we legally reside.

5. We currently reside together in the same residence and intend to do so indefinitely.

6. We are jointly responsible for basic living expenses incurred during the domestic partnership.

7. We have executed a domestic partnership agreement and/or registered as domestic partners in a jurisdiction which authorizes such agreements and/or registries, OR at least three of the following are true (check at least 3 that apply and provide documentation):

   - We have lived together continuously for the previous twelve (12) months;
   - One of us has named the other as a beneficiary under our will;
   - One of us has granted the other powers under a durable power of attorney;
   - One of us has named the other as a beneficiary on our life insurance policy;
   - We have a joint bank account;
   - We are cosigners of a lease or deed;
   - We are named on the same car insurance policy.
Acknowledgments

We understand that this declaration may have legal implications relating, for example, to the ownership of property or to the taxability of benefits provided, and that before signing this declaration, we should seek legal and accounting advice concerning such matters.

We further understand that SDSU Research Foundation reserves the right to amend or discontinue its benefits program, including but not limited to its provision of domestic partner benefits, at any time at SDSU Research Foundation’s sole discretion.

Declaration

The representations herein are true, correct and contain no material omissions of fact to our best knowledge and belief.

<table>
<thead>
<tr>
<th>Signature of Employee/Retiree</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Print Name of Domestic Partner</td>
<td></td>
</tr>
<tr>
<td>Signature of Domestic Partner</td>
<td>Date</td>
</tr>
<tr>
<td>Print Name of Witness</td>
<td></td>
</tr>
<tr>
<td>Signature of Witness</td>
<td>Date</td>
</tr>
<tr>
<td>Common Residence Address</td>
<td></td>
</tr>
<tr>
<td>Employee Red ID</td>
<td>Print Employee/Retiree Name</td>
</tr>
<tr>
<td>-----------------</td>
<td>-----------------------------</td>
</tr>
<tr>
<td>Print Name of Domestic Partner or Same-Sex Spouse</td>
<td></td>
</tr>
<tr>
<td>Effective Date</td>
<td></td>
</tr>
<tr>
<td>Check Appropriate Box</td>
<td></td>
</tr>
</tbody>
</table>

- My domestic partner or same sex spouse qualifies under the dependency criteria of IRC §152(a), as modified for purposes of IRC §105 and IRC §106. I understand that this health benefit will not be taxed to me as imputed income.

- My domestic partner or same-sex spouse does not qualify under the dependency criteria of IRC §152(a), as modified for purposes of IRC §105 and IRC §106; however, I certify that we have filed a Declaration of Domestic Partnership with the State of California or are in a domestic partnership, civil union or marriage recognized by the State of California. I understand that this health benefit will be taxed to me as imputed income for federal tax purposes.

- My domestic partner or same-sex spouse does not qualify under the dependency criteria of IRC §152(a), as modified for purposes of IRC §105 and IRC §106, and we have not filed a Declaration of Domestic Partnership with the State of California and are not in a domestic partnership, civil union or marriage recognized by the State of California. I understand that this health benefit will be taxed to me as imputed income for federal and California tax purposes.

I understand that if my tax situation changes, I will notify SDSU Research Foundation’s Human Resources Office immediately in order to make the appropriate changes in my benefits deductions.

I hereby certify, under penalty of perjury, that the information provided by me is true and correct to the best of my knowledge.

<table>
<thead>
<tr>
<th>Employee/Retiree Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employer’s Signature</td>
<td>Date Received</td>
</tr>
</tbody>
</table>

For HR Use Only: Effective Payroll Date
NOTICE OF TERMINATION OF DOMESTIC PARTNERSHIP
(Family Code section 299)

Instructions:

1. Complete and send to:
   Secretary of State, P.O. Box 942877
   Sacramento, CA 94277-6001
   (916) 653-3884

2. There is no fee for filing this Notice of Termination of Domestic Partnership.

3. Both registered domestic partners must sign the same Notice of Termination of Domestic Partnership form pursuant to Family Code section 299(a)(1). The signatures can be acknowledged at different times by different notaries public as long as a separate certificate of acknowledgment is attached to the form.

We, the undersigned, do declare that:

We are terminating our domestic partnership. We have read and understand the brochure prepared by the Secretary of State describing the requirements, nature, and effect of terminating a domestic partnership. We also declare that all of the conditions exist as specified in Family Code section 299(a).

Secretary of State File Number (if known): ________________________________

__________________________
Signature of Partner

__________________________
Signature of Partner

__________________________
Printed Name (Last) (First) (Middle)

__________________________
Printed Name (Last) (First) (Middle)

__________________________
Signature of Notary Public

[PLACE NOTARY SEAL HERE]

RETURN TO (Enter the name and the address of the person to whom a copy of the filed document should be returned.)

NAME [ ]

ADDRESS [ ]

CITY/STATE/ZIP [ ]

SEC/STATE NYSF DP-2 (Rev 01/2012)