



Employee Service Center
U.S. Steel Tower
Floor 56, 600 Grant Street
Pittsburgh, PA 15219

Dear UPMC Staff Member,

Enclosed is the information you requested regarding domestic partner benefits. Staff members and their domestic partner – both same sex and opposite sex – must meet the UPMC definition of a domestic partner and have an approved Affidavit of Domestic Partnership on file with the UPMC Employee Service Center that demonstrates your ongoing commitment to the relationship. You and your domestic partner must certify your commitment as a family in a long-term relationship of indefinite duration and that you are socially, emotionally and financially interdependent with each other in an exclusive mutual commitment.

Benefits

Domestic partner benefits include medical, dental, life insurance, COBRA continuation of coverage, Family and Medical Leave Act (FMLA), bereavement, tuition assistance and voluntary benefits (AFLAC, Unum Interest-Sensitive Whole Life and ARAG Legal Insurance). Due to IRS regulations, domestic partner benefits do not include access for your domestic partner to your flexible spending accounts or as a surviving spouse for retirement benefits. However, a domestic partner can be named as a beneficiary for retirement benefits.

Cost

An additional cost is incurred for adding an approved domestic partner to your coverage. The cost includes an additional employee contribution taken from each pay on an after tax basis and possibly an additional tax withholding for imputed income. For more details regarding the cost and tax implications related to domestic partner coverage select *Departments > Benefits* under the *Hospital and Departments* tab on the Infonet home page at <http://infonet.upmc.com>. If you are accessing the Infonet from home type <http://benefits.infonet.upmc.com> in your internet browser address bar.

How to Apply

Complete and return the Domestic Partner Affidavit along with the required supporting documentation to the UPMC Employee Service Center. If your request for domestic partnership is due to a status change for your domestic partner (i.e. loss in coverage, termination of employment) you must also submit documentation of the change in status. You must report the change in status to the UPMC Employee Service Center within 30 days of the event. Your application will be reviewed and you will be notified once a determination of eligibility is made. If you are adding children of your domestic partner, complete and return with your affidavit, the Domestic Partner Dependent Verification form (Attachment 1 of the affidavit).

For more information regarding domestic partner benefits select *Departments > Benefits* under the *Hospital and Departments* tab on the Infonet home page at <http://infonet.upmc.com> (from home <http://benefits.infonet.upmc.com>). If you have any questions, please contact the UPMC Employee Service Center at 1-800-994-2752, option 3.

Sincerely,

UPMC Employee Service Center



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Domestic Partner Affidavit Instructions – Read Carefully

1. Review and complete the Affidavit – do not sign until you are with a Notary.
2. Staff Member and Domestic Partner signatures must be witnessed by a Notary.
3. Provide **dated** copies from two of the three following areas (A, B, C) of required documentation. All documentation must show a relationship for at least 12 months prior to the date of the affidavit. Multiple agreements may be needed to account for the full 12 month period.
 - A. **Share one of the following: At least 12 months prior must be accounted for in the mortgages, contracts, deeds or lease agreements.**
 - o Joint ownership of a primary residence (house, condominium, or mobile home).
 - o Residential lease identifying both partners as tenants
 - B. **Share at least two of the following: Both names must be on the account and show a current date and a date at least 12 months prior.**
 - o Joint ownership of a motor vehicle
 - o Joint checking or savings account
 - o Joint credit account
 - o A civil union certificate with accompanying documentation outlining the state’s requirements to obtain the civil union and the resulting financial responsibilities of the partners following the union.
 - C. **One of the following: Designation of the domestic partner as a beneficiary for at least 12 months prior.**
 - o UPMC Group Term Life Insurance
 - o UPMC Retirement Program
 - o Your Will; or
 - o Medical Power of Attorney

Note: No other documentation other than listed above will be accepted for review.

Examples of documentation for requirements listed above:

- Joint ownership of residence, such as mortgage, contract of sale or deed
- Joint lease agreements
- Joint savings or checking account statements
- Joint contract of sale or monthly invoice for motor vehicle and current owners’ card
- Civil union certificate licensed under state law with appropriate supporting documentation
- Beneficiary designation of UPMC group term life insurance (either paper or printed from My HUB)
- Copy of beneficiary designation for UPMC retirement program – Contact Hewitt at 1-877-206-8264 (press * 0 for a representative)

Please note: All documentation must show both partner names, the last four digits of the account number and dates. You may conceal balance information and all other personal information.

4. If you are adding the children of your domestic partner, complete and include the Domestic Partner Dependent Verification form (Attachment 1 of the affidavit).
5. If your request for domestic partnership is due to a status change for your domestic partner (i.e. loss in coverage, termination of employment) you must also submit documentation of the change in status. You must report the change in status to the UPMC Employee Service Center within 30 days of the event.
6. If at anytime you and your domestic partner no longer meet the requirements of a domestic partner relationship (i.e. you are no longer in a committed relationship, no longer residing together or no longer meet the financial criteria listed above), you must contact the UPMC Employee Service Center within 30 days of the event and provide a completed *Domestic Partnership Termination Affidavit*.
7. For more information regarding the cost and tax implications related to domestic partner benefits select *Departments > Benefits* under the *Hospital and Departments* tab on the Infonet at <http://infonet.upmc.com> (from home at <http://benefits.infonet.upmc.com>). If you have any questions contact the UPMC Employee Service Center at 1-800-994-2752, option 3.
8. All items must be returned via mail-**no faxes will be accepted**. Return the original notarized affidavit and copies of the supporting documentation to:

UPMC Employee Service Center, U.S. Steel Tower, Floor 56, 600 Grant Street, Pittsburgh, PA 15219



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Affidavit of Domestic Partnership

Employee Information			Please print or type									
Last Name:	First Name:	M.I.:	Social Security Number:									
			Employee ID:									
Domestic Partner Information												
Last Name:	First Name:	M.I.:	Social Security Number:									
			Date of Birth:									
Affirmation of Partnership												
<p>I, _____ certify that I have entered into a domestic partnership (Employee)</p> <p>with _____ on _____, and certify the following to be true: (Domestic Partner) (Date relationship established)</p> <ol style="list-style-type: none"> 1. We are committed as a family in a long-term relationship of indefinite duration. The relationship is the functional equivalent of a marriage, including living together as a couple. We are socially, emotionally, and financially interdependent with each other in an exclusive mutual commitment in which we agree to be responsible for each other's common welfare and share financial obligations; and <ol style="list-style-type: none"> A) Reside together at: <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <tr> <td colspan="3" style="padding: 5px;">Street Address:</td> </tr> <tr> <td style="width: 50%; padding: 5px;">City:</td> <td style="width: 20%; padding: 5px;">State:</td> <td style="width: 30%; padding: 5px;">Zip Code:</td> </tr> <tr> <td style="padding: 5px;">Daytime Phone Number:</td> <td colspan="2" style="padding: 5px;">E-mail:</td> </tr> </table> B) As of this date, we have resided together and been in this relationship continuously for the past 12 months; and 2. Neither of us is legally married to any other person; and 3. We are both eighteen (18) years of age or older; and 4. We are not related by blood to a degree of closeness, which would prohibit legal marriage in the Commonwealth of Pennsylvania; and 5. We are mentally competent to consent to a contract; and 6. Our relationship has been entered into voluntarily, willingly and without reservation; and 7. We understand that this affidavit shall be terminated upon the death of either the employee or the domestic partner, or by the completion and submission of a Domestic Partnership Termination Form; and 8. We understand that domestic partners and their children who do not qualify as dependents of the employee under Section 152 of the Internal Revenue Code are subject to income and employment tax withholdings of the fair market value of the benefit or privileges provided; and 				Street Address:			City:	State:	Zip Code:	Daytime Phone Number:	E-mail:	
Street Address:												
City:	State:	Zip Code:										
Daytime Phone Number:	E-mail:											

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9. We share financial obligations as of this date, as demonstrated by fulfilling at least two of the three lettered criteria below (A, B, C) continuously for the **past 12 months** (please indicate and provide copies of all that apply):
- A) We share one of the following:
- _____ Joint ownership of our primary residence (house, condominium, or mobile home).
(Attach copy of mortgage, contract of sale or deed dated at least 12 months prior.)
 - _____ Residential lease identifying both partners as tenants for at least 12 months prior.
(Attach copy of joint lease agreement(s).)
- B) We share at least two of the following:
- _____ Joint ownership of a motor vehicle
*(Attach a copy of the current vehicle registration **and** joint contract of sale or monthly invoice dated at least 12 months prior.)*
 - _____ Joint checking/savings account
*(Attach copies of a current statement **and** a statement dated at least 12 months prior.)*
 - _____ Joint credit account
*(Attach copies of a current statement **and** a statement dated at least 12 months prior.)*
 - _____ A civil union certificate with accompanying documentation outlining the state's requirements to obtain the civil union and the resulting financial responsibilities of the partners following the union.
(Attach a copy of the civil union certificate and supporting documentation dated at least 12 months prior.)
- C) My domestic partner has been designated as a beneficiary on at least one of the following:
- _____ My UPMC Group Term Life Insurance
(Attach copy of beneficiary designation form – either paper form or printed from My HUB dated at least 12 months prior.)
 - _____ My UPMC Retirement Program
(Attach copy of beneficiary designation form dated at least 12 months prior. Contact the UPMC Retirement Center at 1-877-206-8264 for effective dated documentation.)
 - _____ My Will *(Attach signed copy dated at least 12 months prior.);* or
 - _____ My Medical Power of Attorney *(Attach signed copy dated at least 12 months prior.)*

Note: Documentation is required to prove the existence of the above-mentioned conditions consistent with being in the relationship continuously for the past 12 months as of the date this Affidavit is signed (page 3). Multiple documents may be necessary to account for the full 12 month period.

10. We agree to notify UPMC if there is any change in our status of domestic partnership as certified in this statement within thirty (30) days of such change by filing a Domestic Partnership Termination Affidavit. We understand that if timely notification is not made to UPMC, the employee will be personally responsible for any and all claims or benefits that are paid on behalf of their Domestic Partner after the date they were ineligible; and
11. We understand that this information will be held confidential and subject to disclosure for administrative purposes, as required by law or upon our express written authorization; and
12. We understand that legal implications under state and/or federal law may exist due to the declaration or responsibility for our common welfare; and
13. We understand that should we make a false statement in this Affidavit of Domestic Partnership, that UPMC reserves the right to take any and all actions necessary to recover sums for benefits to which a person was not entitled and was secured by misrepresentation, including attorney's fees, and may lead to disciplinary action, up to and including termination of employment; and
14. Contractual provisions of all benefit plans, as well as, policy provisions of UPMC programs will prevail; and
15. We understand that another Affidavit of Domestic Partnership cannot be filed until one year after a Domestic Partnership Termination Affidavit for the most recent domestic partnership has been filed with the Employee Service Center; and
16. We, for ourselves, our heirs, executors, administrators and assigns, jointly and severally indemnify and hold harmless UPMC, its trustees, officers, employees, faculty and agents against any actions, causes of action, judgments, settlements and suits and attorney's fees and cost arising for the domestic partner relationship or UPMC's acceptance of this registration statement, including but not limited to beneficiary designations under any health, welfare, life insurance or retirement plan or any similar plan which are available to either both of us because of the employment of either or both of us by UPMC.

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Signatures

I declare the above statements to be true and correct.

_____	_____	_____	_____
Print Employee's Name	Date	Print Domestic Partner's Name	Date
_____		_____	
Employee's Signature		Domestic Partner's Signature	

Notary

SWORN TO AND SUBSCRIBED BEFORE ME THIS

_____ DAY OF _____, 20 ____.

Notary Public

My commission expires: _____

Where to Return Documents

Return the completed form and the required documentation to:

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U.S. Steel Tower
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(Faxed documents will not be accepted)

Note: Federal, state, and local regulations concerning the taxability of certain benefits for domestic partners may vary from the regulations concerning the taxability of benefits extended to spouses. Individuals wishing to utilize benefits available to domestic partners are advised to consult their own tax counsel on such matters.

The cost for health insurance premiums for the domestic partner will be deducted from the employee's pay on an after-tax basis. Employees may be eligible for a tax credit when filing their annual tax return, based on Internal Revenue Code 152 eligibility. Employees may consult a tax advisor for more information.



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Domestic Partner Dependent Verification Form

Attachment 1

Employee Name: _____ Employee ID Number: _____ Domestic Partner Name: _____

Instructions: Complete this form only if you are adding children of your domestic partner. For each child, mark the information as requested, sign, and date. Attach appropriate documentation as indicated. Return this form with the documentation to: UPMC Employee Service Center, U.S. Steel Tower, Floor 56, 600 Grant Street, Pittsburgh, PA 15219.

You may only enroll eligible dependents in your UPMC benefits. An eligible dependent includes your:

- Dependent biological child, stepchild, domestic partner's child, legally adopted child, child placed with you for adoption, or child for whom you are a legal guardian (by court order), provided he or she meets all of the following criteria:
 - ✓ Is unmarried; and
 - ✓ Is primarily dependent on you for support; and
 - ✓ Resides in your household (or with their other parent); and
 - ✓ Is under age 19; or
 - ✓ Is a full-time student between age 19 and 25; or
 - ✓ Is totally disabled, provided the disability occurred before age 19.

<u>Domestic Partner Dependent</u>	<u>Relationship</u>	<u>Documentation Enclosed (include all items that apply)</u>
Name: _____ Birth date: _____	<input type="checkbox"/> Son or daughter <input type="checkbox"/> Stepson or stepdaughter <input type="checkbox"/> Grandchild <input type="checkbox"/> Other, specify: _____	<input type="checkbox"/> Birth certificate and/or adoption certificate (required for all) <input type="checkbox"/> Court order providing guardianship or custody (required for all dependents other than natural, step, or adopted children) <input type="checkbox"/> Proof of full-time student status (required for dependents age 19 – 25). Must indicate the number of credits and start and end dates of the current term. <input type="checkbox"/> Qualified Medical Child Support Order
Name: _____ Birth date: _____	<input type="checkbox"/> Son or daughter <input type="checkbox"/> Stepson or stepdaughter <input type="checkbox"/> Grandchild <input type="checkbox"/> Other, specify: _____	<input type="checkbox"/> Birth certificate and/or adoption certificate (required for all) <input type="checkbox"/> Court order providing guardianship or custody (required for all dependents other than natural, step, or adopted children) <input type="checkbox"/> Proof of full-time student status (required for dependents age 19 – 25). Must indicate the number of credits and start and end dates of the current term. <input type="checkbox"/> Qualified Medical Child Support Order
Name: _____ Birth date: _____	<input type="checkbox"/> Son or daughter <input type="checkbox"/> Stepson or stepdaughter <input type="checkbox"/> Grandchild <input type="checkbox"/> Other, specify: _____	<input type="checkbox"/> Birth certificate and/or adoption certificate (required for all) <input type="checkbox"/> Court order providing guardianship or custody (required for all dependents other than natural, step, or adopted children) <input type="checkbox"/> Proof of full-time student status (required for dependents age 19 – 25). Must indicate the number of credits and start and end dates of the current term. <input type="checkbox"/> Qualified Medical Child Support Order

I certify that the above information is true and correct. I am aware that misstatements of fact are considered fraud and could subject me to penalties up to and including termination of employment and/or repayment of costs falsely incurred on my behalf.

Employee Signature: _____ Date: _____

Domestic Partner Signature: _____ Date: _____