

## Registration Process for Insurance and Work-Life Benefits for Domestic Partners of Carnegie Mellon Full-Time Faculty & Staff

Carnegie Mellon extends benefits to same- and opposite-sex partners of employees. Eligible employees may elect benefits for their domestic partners by following the registration procedure. If your relationship meets the criteria described at right, your partner is eligible to receive medical/prescription, dental, vision and dependent life insurance benefits.

Employees who are already providing coverage to their domestic partner may elect to make changes to that coverage during Open Enrollment. During each Open Enrollment period, you may make new elections for medical/prescription and dependent life insurance coverage; dental and vision benefits may be elected every other year during enrollment periods in even-numbered years.

Do you have questions about domestic partner benefits? Contact Human Resources at (412) 268-2047, [hrhelp@andrew.cmu.edu](mailto:hrhelp@andrew.cmu.edu) or see our website at <http://www.cmu.edu/hr/benefits>.

### Registration Information

1. A faculty or staff member must complete a Carnegie Mellon University Registration Statement of Domestic Partnership for Insurance Benefits. To be eligible, both parties must acknowledge that they meet the Carnegie Mellon definition of a Domestic Partner Relationship.
2. Once completed, the Registration Statement is subject to approval by Human Resources.
3. A faculty or staff member may complete a Domestic Partner I.D. Card Request Form and submit it along with their Registration Statement. The domestic partner of the employee and eligible children can then have an I.D. Card prepared for them, if they do not already have one.
4. The faculty or staff member and their domestic partner should review the Overview of Benefits and Services for Registered Domestic Partners (see next page).
5. To elect medical/prescription, dental, vision or dependent life insurance coverage for your domestic partner, you must complete the Benefits

Enrollment/Change Form for Full-Time Faculty & Staff included in this packet and return it with your Registration statement. The employee may alter their level of coverage (eg - from Individual to Employee & DP), but not the plan/carrier.

6. Coverage will be effective on the first day of the month following receipt of a completed and approved Registration Statement and Benefits Enrollment form.

### Who Is Eligible?

Carnegie Mellon defines a domestic partnership as a relationship between a Carnegie Mellon employee and another individual that meets all of the first five (5) numbered criteria below and at least three (3) of the lettered criteria in number 6:

1. Both parties are 18 years of age or older and are able to contract at time of registration.
2. Neither party is legally married to nor the domestic partner of any other person.
3. The parties are not related by blood to a degree that would bar marriage in the Commonwealth of Pennsylvania.
4. The relationship has been entered into voluntarily, willingly and without reservation.
5. The partners have been in a committed relationship as a couple for at least twelve (12) continuous months prior to registration of the domestic partner relationship. The relationship is intended to continue indefinitely.
6. The relationship includes mutual support, mutual caring and commitment, and mutual responsibility for each other's welfare in the nature of a domestic partner relationship, and at least three of the following circumstances exist:

Changes in your level of benefits coverage may only be made outside of the Open Enrollment period when you experience a qualified life or family status change, such as a loss of coverage by the partner. You must make the changes within 31 days of the event by completing the Benefits Enrollment/Change form or online via HR Connection (if your partnership is registered).

**All DP Registration and Termination Statements will be held confidentially in HR.**

- a. Joint lease, deed or mortgage agreement;
- b. Designation by the Carnegie Mellon employee of the other party as primary beneficiary on a life insurance policy or retirement contract;
- c. Designation as the primary beneficiary in the employee's will;
- d. Durable power of attorney for property or health care decisions granted by either party to the other;
- e. Joint ownership of a motor vehicle, joint checking account or joint credit account;
- f. Mutual legal responsibility for the care of a child.

## Overview of Benefits & Services for Registered Domestic Partners

This overview is intended to inform faculty and staff with an eligible domestic partner of the University benefits and services available to them. Any questions or concerns should be directed to Human Resources at [hrhelp@andrew.cmu.edu](mailto:hrhelp@andrew.cmu.edu), or by calling (412) 268-2047. The Human Resources Benefits & Compensation Office is located at 319 South Craig Street.

### Insurance Benefits

Domestic partners of the faculty or staff member are eligible to enroll in the following benefits. Additional required contributions will be deducted from the faculty or staff member's pay on an after-tax basis, in accordance with IRS regulations. In addition, the employee will be taxed on the value of the options selected (less the after tax contribution amount). If the domestic partner is an eligible dependent of the faculty or staff member for Federal Income Tax purposes as defined in Internal Revenue Code Section 152, the domestic partner coverage may qualify for pre-tax treatment of the benefits. See pages 11-13 for more information.

- **Medical/Prescription, Dental, & Vision**

The eligible domestic partner may be enrolled in the employee's medical/prescription, dental or vision plan under the same terms and conditions as a "spouse" except that, in accordance with

federal law, the additional required contribution for coverage must be made on an after-tax basis.

- **Dependent Life and AD&D Insurance**

The benefits program includes a voluntary life insurance option that covers dependents. All Dependent Life Insurance rates are paid with after-tax dollars. Domestic Partners may be covered for 50% of the Supplemental Life and AD&D Insurance that you purchase for yourself. Rates are based on your partner's age. Evidence of Insurability is required for coverage of more than \$50,000.

- **Coverage for Children**

Children who qualify as eligible dependents of the employee for Federal Income Tax purposes may be enrolled as dependent in the employee's benefits on a pre-tax basis, if they otherwise meet plan requirements for eligible dependent children. Children of the domestic partner who are not dependents of the faculty or staff member are not eligible for benefits coverage.

- **COBRA Coverage - Benefits Continuation**

The eligible domestic partner and any dependent children enrolled in a covered benefit program will be eligible for continuation of benefits through COBRA, as otherwise available to a spouse or dependent children, if the faculty or staff person loses benefits eligibility (ex - employment with Carnegie Mellon ends, switch from full-time to part-time status, the partnership relationship terminates, etc.).

- **Health Care Flexible Spending Account and Dependent Care Reimbursement Account - Not available for most Domestic Partners.**

Qualified expenditures for health care or dependent care expenses incurred by the domestic partner or children are only reimbursable if the person is the eligible dependent of the employee for Federal Income Tax purposes.

### Work-Life Benefits and Services

- **Tuition Benefits**

Children of the eligible domestic partner who are naturally born to or legally adopted by the employee and qualify as eligible dependents of the employee for Federal Income Tax purposes are eligible for the tuition benefits offered to all dependent children.

- **Employee Assistance Program**  
An eligible faculty or staff member, their domestic partner, and their children may use the University's employee assistance program, LifeWorks. LifeWorks is a one-stop resource that offers expert information, professional referrals, and telephone or face-to-face consultation regarding stress, work concerns, family demands, substance abuse problems, etc. It is available 24 hours a day, 7 days a week. Employees may use the LifeWorks website to access information, resources, services, and assessment tools. All services are 100% confidential. LifeWorks can be accessed from the HR website or by phone.
- **Bereavement Leave**  
An eligible faculty or staff member will be entitled to the University Bereavement Leave benefit in the event of the death of their domestic partner or the death of the domestic partner's parent, grandparent, siblings, or children. Up to three (3) working days with pay may be granted to the eligible faculty or staff member within a month of the date of death.

## **I.D. Card Privileges**

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Eligible registered domestic partners and children (from ages 12 up to 21 years old) of the Domestic Partner may be issued a faculty/staff I.D. card which extends the following privileges to the domestic partner and dependent children of the employee:

- **Athletic Facilities**  
They may use the athletic facilities and equipment that the Carnegie Mellon Athletic Department provides and maintains in accordance with Athletic Department policies -- including age limitations -- when classes are not in progress. Most facilities are available free of charge.
- **Social Events**  
They may purchase tickets to a University-sponsored social event with their I.D. Card in accordance with the sponsoring organization's requirements and limitations, provided that the social event is not restricted to students only. Social activities sponsored by Carnegie Mellon include concerts, films and athletic events. Tickets to these events are usually available for a nominal charge or are free of charge.

- **Art Store Discount**  
They can receive a 5% discount on purchases at the Carnegie Mellon Art Store.
- **Library Facilities**  
They may borrow books from the University Libraries with their valid I.D. card. The loan period is 30 days for each book, and one renewal is permitted. Domestic partners are subject to fines for any late returns as per library policy.
- **Faculty Dining Room**  
The domestic partner of a dues-paying Faculty Club member can apply for a tag that provides guest privileges to the Faculty Dining Room with presentation of the valid I.D. card.

## **Cost of Coverage**

The cost to add your domestic partner (DP) to coverage will be deducted from your pay on an after-tax basis, unless your DP is considered a tax dependent by the IRS. The after-tax contribution is in addition to any pre-tax contribution you are currently making. The fair market value of adding your domestic partner to your existing coverage will also be reported as taxable income. The amount of tax will vary depending on the type and level of coverage selected and your personal tax level.

**See the Benefits Workbook or the Human Resources website for the rates of our medical/prescription, dental, vision and dependent life insurance coverage.**

## **Frequently Asked Questions**

**I have already registered my domestic partner relationship. Must I register again?**

It depends. There are two types of registrations: registration for Work-Life Benefits (e.g. ID card) and registration for Insurance Benefits (for medical coverage). If you have only completed the registration for Work-Life Benefits and want to enroll your partner in Insurance Benefits, you must complete the Registration for Insurance Benefits Form. Certification of IRS Tax-Dependent Status must be completed each year (see pages 11-13).

## **When can I register my domestic partnership?**

You can complete the registration for Work-Life Benefits at any time if you meet the criteria. However, if you are interested in enrolling your partner of 12 months or more in an insurance benefit plan, there are only certain times this can be done.

- 1) Within 31 days of meeting the criteria.
- 2) Within 31 days of a life/family status change (e.g. a partner losing medical coverage).
- 3) During Open Enrollment in November.

To register your partnership, complete the Registration Statement for Insurance Benefits. Changes to your benefits can be made by completing the Benefits Enrollment/Change Form within 31 days of submitting the Registration Statement.

## **When should I enroll my domestic partner for coverage under the benefit plans?**

Your partner is entitled to Work-Life Benefits when s/he meets the criteria and HR receives and approves your registration form. You must enroll your partner in insurance benefits within 31 days of an approved Registration Statement. You may also change your benefits coverage levels during Open Enrollment or when a life/family status change occurs.

## **I already cover a child(ren). What level do I elect to cover my partner and my child(ren)?**

If you are already enrolled in the Employee & Child(ren) level of coverage, select Family (employee, child(ren) and DP) to add your partner to the coverages in which you are already enrolled.

## **How is the taxable income on the value of my domestic partner's coverage calculated?**

Coverage for a non-tax-dependent DP is considered taxable income to the employee at the fair market value of the coverage. That value is derived from the COBRA rates (the full cost of the plan minus the 2% administrative fee). The additional cost to Carnegie Mellon of adding your partner to your coverage will be noted as additional reported taxable income on your paystub. This amount will vary depending on the plan and level of coverage you have elected.

## **Why is domestic partner coverage paid on an after tax basis?**

The IRS prohibits pre-tax contributions to be made on behalf of dependents who do not meet the Internal Revenue Code Section 152 definition of a dependent.

## **Termination of Relationship**

### **Termination of Employment**

Should a faculty or staff member with a registered domestic partnership terminate employment with the University, they must return the I.D. Card of their domestic partner and any eligible children along with their own to either their supervisor or to Human Resources.

### **Termination of Domestic Partner Relationship**

Should a faculty or staff member's domestic partner relationship terminate, the faculty or staff member is required to complete the Termination Statement of Domestic Partnership and return it to Human Resources. Changes to your benefits as a result of the termination of the relationship must be completed within 31 days of an approved termination statement - you can submit a Benefits Enrollment/Change Form or go make the change online through HR Connection, along with completing the Termination Statement. You must also return the I.D. Card of the domestic partner to Human Resources.

### **COBRA Coverage - Continuation of Benefits**

The eligible domestic partner and any dependent children enrolled in a covered benefit program will be eligible for COBRA (Consolidated Omnibus Budget Reconciliation Act) coverage as otherwise available to a spouse or dependent children if the faculty or staff member terminates employment with Carnegie Mellon University, if the employee loses eligibility for some/all benefits (eg - goes from full-time to part-time status), or if the domestic partner relationship is terminated.

## **Carnegie Mellon. HUMAN RESOURCES**

Carnegie Mellon reserves the right to modify, amend, or terminate any or all of the provisions of these services for Domestic Partners at any time for any reason upon appropriate action by the University. Notwithstanding any of the prior statements, in all cases University policies will govern. In addition, certain benefits provided in accordance with this policy are fully described in the Carnegie Mellon University Benefit Plan documents. Except as may be necessary to implement this Policy, the provisions of the Plan documents will apply. The University reserves the right to change or amend the Plan in any way and at any time and for any reason.

Carnegie Mellon University is an Equal Opportunity/Affirmative Action employer. The Carnegie Mellon Statement of Assurance can be accessed at <http://www.cmu.edu/policies/documents/SoA.html>



Employee Information						Please print or type.	
Last Name		First Name		M.I.	Social Security Number		
Street Address				Sex: <input type="checkbox"/> M <input type="checkbox"/> F		Date of Birth - Month/Day/Year	
City		State	Zip	Work Phone		Home Phone	
Department				E-mail address:			

Domestic Partner Information				Please print or type.		
Last Name	First Name	M.I.	Social Security Number	Sex: <input type="checkbox"/> M <input type="checkbox"/> F		Date of Birth - Month/Day/Year

**Affirmation of Partnership**

I \_\_\_\_\_ have entered into a domestic partnership with \_\_\_\_\_ .  
(Faculty or Staff Member) (Domestic Partner of Faculty or Staff Member)

In doing so we claim that we, the two parties above, have been in a committed relationship as a couple for at least three (3) months and the relationship is intended to continue indefinitely and that we currently reside at the address listed above. As a requirement of filing this registration we affirm that:

- We are both 18 years of age or older and are mentally competent at the time of registration.
- We are neither legally married to nor the domestic partner of any other person.
- We are not related by blood to a degree that would bar marriage in the Commonwealth of Pennsylvania.
- Our relationship has been entered into voluntarily, willingly and without reservation
- The relationship is the functional equivalent of a marriage, including living together as a couple, mutual support, mutual caring and commitment, mutual fidelity and mutual responsibility for each other's welfare.
- We have been living together as a couple for at least three (3) continuous months prior to registration with the university. The relationship is intended to continue indefinitely but is terminable at the will of either party.
- We agree to abide and respect the policies, rules and regulations governing any benefits or services provided by the University in recognition of our relationship.
- As the Faculty/Staff member, I agree to notify Carnegie Mellon University if the status of this relationship changes and fails to meet any one of the above criteria. I agree to notify the University of such a change by filing a Termination Statement of Domestic Partnership. I agree that the University's Termination Statement affirms that the partnership is terminated and that a copy of the Termination Statement has been mailed to the other partner. I understand that I cannot register another domestic partnership with the University until three (3) months after I have filed a Termination Statement of Domestic Partnership.
- The domestic partner understands that participation in all Carnegie Mellon University benefit programs and services will terminate as of the date my domestic partner files a Termination Statement of Domestic Partnership. I further hereby agree to return my Carnegie Mellon University I.D. card to my domestic partner or Carnegie Mellon University Human Resources.
- The partners acknowledge that Carnegie Mellon is recognizing this relationship for limited purposes even though it is not a legal marriage relationship and the partners specifically acknowledge that the domestic partner is not a legal spouse under the terms of any Carnegie Mellon policy or employee benefit plan. Moreover, the University's recognition of this relationship shall have no effect on any beneficiary designations or rights of participants or beneficiaries under any Carnegie Mellon policy or employee benefit plan, each of which shall continue to be governed and administered in accordance with its own terms and without regard to this registration. In all other respects we agree to abide by the policies, rules and regulations of Carnegie Mellon.
- We, for ourselves, our heirs, executors, administrators and assigns, jointly and severally indemnify and hold harmless Carnegie Mellon, its trustees, officers, employees, faculty and agents against any actions, causes of action, judgments, settlements and suits and attorney's fees and costs arising from the domestic partner relationship or Carnegie Mellon's acceptance of this registration statement, including but not limited to beneficiary designations under any health, welfare, life insurance or pension plan or any similar plan which are available to either or both of us because of the employment of either or both of us by Carnegie Mellon.

**Signatures**

I declare the above statements to be true and correct.

_____	_____	_____	_____
Faculty or Staff Member Signature	Date	Domestic Partner Signature	Date

**Benefits Office Use Only**

Carnegie Mellon University reserves the right to modify, amend or terminate any or all of the provisions of this Domestic Partner policy and these administrative procedures at any time for any reason upon appropriate action by the University. Notwithstanding any of the prior statements, in all cases University policies will govern.

**If your Domestic Partner is requesting a University ID Card, complete the REQUEST FOR ID CARDS FOR FAMILY MEMBERS and return it along with this page. Otherwise, just return this form to: Human Resources – Benefits Office, 319 SCRG, 5000 Forbes Avenue, Pittsburgh, PA 15213.**

Read the Full-Time Benefits Workbook for more information about benefit plan options, costs, requirements and tax implications.

Employee Information		Please print or type.			
Last Name	First Name	M.I.	Social Security Number		
Street Address		Sex: <input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth - Month/Day/Year		
City	State	Zip	Work Phone	Home Phone	
Employee Type: <input type="checkbox"/> Faculty <input type="checkbox"/> Staff <input type="checkbox"/> Campus Police			E-mail address		

### Reason for Enrollment/Change

**Changes during the year to Healthy Solutions benefit enrollments must be made within 31 days of a qualifying change in family or life status (see options below). No other changes are permitted until the annual Open Enrollment period.**

DATE OF EMPLOYMENT OR DATE LIFE EVENT OCCURED: \_\_\_\_\_

**TO BE COMPLETED BY HUMAN RESOURCES:**

DATE BENEFITS ENROLLMENT/CHANGE TO BECOME EFFECTIVE:  
 On the date of change  
 1st of month following change

<input type="checkbox"/> New employee/Open Enrollment (OE)	<input type="checkbox"/> Child became full-time student* ( <i>dental/vision coverage</i> )
<input type="checkbox"/> Part-time to Full-time status	<input type="checkbox"/> Child age 19 to 23 is no longer full-time student ( <i>dental/vision</i> )
<input type="checkbox"/> Domestic Partner relationship established* ( <i>documentation required</i> )	<input type="checkbox"/> Child age 23 is no longer eligible ( <i>for dental/vision coverage</i> )
<input type="checkbox"/> Domestic Partner relationship terminated* ( <i>documentation required</i> )	<input type="checkbox"/> Commencement of dependent's or domestic partner's coverage under another plan
<input type="checkbox"/> Death of domestic partner/dependent* ( <i>documentation required</i> )	<input type="checkbox"/> Termination of dependent's or domestic partner's coverage under another plan* ( <i>documentation required</i> )
<input type="checkbox"/> Birth/Adoption of dependent* ( <i>documentation required</i> )	<input type="checkbox"/> Return from leave
<input type="checkbox"/> Child age 26 is no longer eligible ( <i>for medical/Rx</i> )	<input type="checkbox"/> Moving away from the area
<input type="checkbox"/> Other (subject to HR approval): _____	

\* Documentation required to verify life/status event change. Contact Human Resources at 268-4747 to learn more about the supporting documentation that must be submitted or completed.

Medical Election	Dental Election (through 12/31/2011)	
<p><b>I elect the following medical carrier:</b></p> <input type="checkbox"/> UPMC <input type="checkbox"/> HealthAmerica <input type="checkbox"/> Highmark <input type="checkbox"/> Waive medical coverage	<p><b>I elect the following medical plan:</b></p> <input type="checkbox"/> PPO Option 1 (UPMC or Highmark only) <input type="checkbox"/> PPO Option 2 (UPMC or Highmark only) <input type="checkbox"/> PPO Option 3 (UPMC or Highmark only) <input type="checkbox"/> High Deductible PPO w/HRA (UPMC or Highmark only) <input type="checkbox"/> HMO (HealthAmerica only) <input type="checkbox"/> Comprehensive (Highmark only)	<p><b>I elect the following dental plan:</b></p> <input type="checkbox"/> Concordia PPO Option 1 (Basic) <input type="checkbox"/> Concordia PPO Option 2 (Preferred) <input type="checkbox"/> Concordia DHMO <input type="checkbox"/> Waive dental coverage
<p><b>NOTE: If you elect medical coverage, you must select a prescription option for the same individuals.</b></p> <p><b>I elect the following level of coverage:</b></p> <input type="checkbox"/> Individual Employee <input type="checkbox"/> Employee & Child <input type="checkbox"/> Employee & Children <input type="checkbox"/> Employee & Domestic Partner <input type="checkbox"/> Family (employee, DP, children)	<p><b>Prescription Election</b></p> <p><b>I elect the following prescription drug plan:</b></p> <input type="checkbox"/> Caremark Option A <input type="checkbox"/> Caremark Option B <input type="checkbox"/> I waived medical coverage.	<p><b>I elect the following level of coverage:</b></p> <input type="checkbox"/> Individual <input type="checkbox"/> Family (employee, DP, children)
	<p><b>Prescription Election</b></p> <p><b>I elect the following vision plan:</b></p> <input type="checkbox"/> Davis Vision Option 1 <input type="checkbox"/> VBA Option 1 <input type="checkbox"/> Davis Vision Option 2 <input type="checkbox"/> VBA Option 2 <input type="checkbox"/> Waive vision coverage	<p><b>Vision Election (through 12/31/2011)</b></p> <p><b>I elect the following level of coverage:</b></p> <input type="checkbox"/> Individual <input type="checkbox"/> Family (employee, DP, children)

### Group Term Life Insurance - Basic and Supplemental Coverage

**I elect the following amount of group term life insurance:**

You may opt out of Basic and Supplemental coverage. Basic insurance only (one times base salary) is provided at no charge. You may limit coverage to \$50,000 for tax purposes if annual salary exceeds \$50,000.

\* Medical evidence of insurability required for supplemental insurance of more than \$500,000. Maximum coverage allowed is \$1 million (Basic and Supplemental combined).

<input type="checkbox"/> None (opt out of Basic, as well as Supplemental)	<input type="checkbox"/> Basic + one-times salary*
<input type="checkbox"/> Basic (one-times base salary) – <b>no charge</b>	<input type="checkbox"/> Basic + two-times salary*
<input type="checkbox"/> \$50,000 (if salary exceeds \$50,000) – <b>no charge</b>	<input type="checkbox"/> Basic + three-times salary*
	<input type="checkbox"/> Basic + four-times salary*

## Dependent Life and AD&D Insurance

Purchase of Supplemental Life and AD&D Insurance is required to participate in Dependent Life Insurance.

I elect the following amount of Dependent Child(ren) Life Insurance: (policy covers all eligible children)

None (Opt-Out)     \$2,500     \$5,000     \$10,000

If spouse/DP is a Carnegie Mellon employee, only one of you may purchase dependent child insurance.

I elect the following amount of Domestic Partner Life Insurance:

None     50% of Employee Supplemental Life and AD&D Insurance\*

If your partner is a part-time Carnegie Mellon employee and you purchase Spouse/DP Life Insurance, s/he will not be eligible for free basic life insurance coverage or additional AD&D coverage.

\* Domestic Partner can not be a full-time benefits-eligible faculty or staff member of Carnegie Mellon University.

## Long-Term Disability

I elect LTD coverage as follows:

Basic LTD     Enhanced LTD with cost-of-living adjustment

*New employees:* You must elect a level of LTD coverage. Coverage will not begin until you have completed one year of full-time service, unless you demonstrate proof of previous coverage with no more than a 3-month lapse in coverage from previous employer to date of hire at Carnegie Mellon.

Enhanced LTD is not available for those age 69+ due to a 12-month maximum benefit duration for those in this age group.

## Reimbursement Account Participation

Expenses may only be reimbursed for a partner/dependent who can be claimed as a dependent for tax purposes.

Health Care Flexible Spending Account Monthly Contribution:

\$    .

- Nine-month basis (required if you have a 9-month appointment)  
 Twelve-month basis

Minimum contribution of \$5 per month; maximum of \$5,000 per calendar year

Dependent Care Reimbursement Account Monthly Contribution:

\$    .

- Nine-month basis (required if you have a 9-month appointment)  
 Twelve-month basis

Minimum contribution of \$25 per month. Maximum of \$5,000 per calendar year (\$2,500 if married, filing separately). Maximum reduced by Ckert Center child care benefits.

## Employee & Dependent Information

Complete if covering spouse/domestic partner or children. Copy this page if needed for additional dependents.

<b>Employee</b>	If electing an HMO for your medical care, Primary Care Physician Practice Code (not name) required: <input type="checkbox"/> Check here if currently a patient of PCP				If electing the DHMO for your dental care, Primary Care Dentist Practice Code (not name) required: <input type="checkbox"/> Check here if currently a patient of PCD		
	<input type="checkbox"/> Domestic Partner		Last Name	First Name	MI	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Social Security Number
<b>Activity:</b>		If electing an HMO for your medical care, Primary Care Physician Practice Code (not name) required: <input type="checkbox"/> Check here if currently a patient of PCP			If electing the DHMO for your dental care, Primary Care Dentist Practice Code (not name) required: <input type="checkbox"/> Check here if currently a patient of PCD		
Add to: <input type="checkbox"/> Medical <input type="checkbox"/> Dental <input type="checkbox"/> Vision <input type="checkbox"/> Spouse/Domestic Partner Life Insurance		Delete from: <input type="checkbox"/> Medical <input type="checkbox"/> Dental <input type="checkbox"/> Vision <input type="checkbox"/> Spouse/Domestic Partner Life Insurance			Delete from: <input type="checkbox"/> Medical <input type="checkbox"/> Dental <input type="checkbox"/> Vision <input type="checkbox"/> Spouse/Domestic Partner Life Insurance		
<b>Dependent 1</b>	Last Name		First Name	MI	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Social Security Number	Date of Birth (Month/Day/Year)
	<b>Activity:</b>		If electing an HMO for your medical care, Primary Care Physician Practice Code (not name) required: <input type="checkbox"/> Check if currently a patient of PCP			If electing the DHMO for your dental care, Primary Care Dentist Practice Code (not name) required: <input type="checkbox"/> Check if currently a patient of PCD	
Add to: <input type="checkbox"/> Medical <input type="checkbox"/> Dental <input type="checkbox"/> Vision <input type="checkbox"/> Dependent Child Life Insurance		Delete from: <input type="checkbox"/> Medical <input type="checkbox"/> Dental <input type="checkbox"/> Vision <input type="checkbox"/> Dependent Child Life Insurance			Delete from: <input type="checkbox"/> Medical <input type="checkbox"/> Dental <input type="checkbox"/> Vision <input type="checkbox"/> Dependent Child Life Insurance		
<b>Dependent 2</b>	Last Name		First Name	MI	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Social Security Number	Date of Birth (Month/Day/Year)
	<b>Activity:</b>		If electing an HMO for your medical care, Primary Care Physician Practice Code (not name) required: <input type="checkbox"/> Check if currently a patient of PCP			If electing the DHMO for your dental care, Primary Care Dentist Practice Code (not name) required: <input type="checkbox"/> Check if currently a patient of PCD	
Add to: <input type="checkbox"/> Medical <input type="checkbox"/> Dental <input type="checkbox"/> Vision <input type="checkbox"/> Dependent Child Life Insurance		Delete from: <input type="checkbox"/> Medical <input type="checkbox"/> Dental <input type="checkbox"/> Vision <input type="checkbox"/> Dependent Child Life Insurance			Delete from: <input type="checkbox"/> Medical <input type="checkbox"/> Dental <input type="checkbox"/> Vision <input type="checkbox"/> Dependent Child Life Insurance		
<b>Dependent 3</b>	Last Name		First Name	MI	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Social Security Number	Date of Birth (Month/Day/Year)
	<b>Activity:</b>		If electing an HMO for your medical care, Primary Care Physician Practice Code (not name) required: <input type="checkbox"/> Check if currently a patient of PCP			If electing the DHMO for your dental care, Primary Care Dentist Practice Code (not name) required: <input type="checkbox"/> Check if currently a patient of PCD	
Add to: <input type="checkbox"/> Medical <input type="checkbox"/> Dental <input type="checkbox"/> Vision <input type="checkbox"/> Dependent Child Life Insurance		Delete from: <input type="checkbox"/> Medical <input type="checkbox"/> Dental <input type="checkbox"/> Vision <input type="checkbox"/> Dependent Child Life Insurance			Delete from: <input type="checkbox"/> Medical <input type="checkbox"/> Dental <input type="checkbox"/> Vision <input type="checkbox"/> Dependent Child Life Insurance		

## Employee Signature

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subject such person to criminal and civil penalties. I agree to comply with all provisions and procedures that govern administration of the Benefit Plans for Carnegie Mellon. I understand the university will make the necessary adjustment to my pay based on these changes/elections.

Signature \_\_\_\_\_

Date \_\_\_\_\_

**Return to:** Human Resources – Benefits Office, 319 S. Craig Street. **Questions?** 412-268-2047 or [hrhelp@andrew.cmu.edu](mailto:hrhelp@andrew.cmu.edu)



# Request for ID+ Cards for Family Members/Registered Domestic Partners of Faculty and Staff Members

## Instructions

Please provide the information requested below. Return the completed form to the Human Resources Benefits and Compensation Office, 319 South Craig Street, for approval. Upon approval by the Human Resources Benefits Office, your family members/Domestic Partner will be eligible for their Carnegie Mellon University ID+ Card, which can be obtained at the Card Office.

## Card Office Information

*Office hours and card price are subject to change*

**Location:** Warner Hall, Lower Level

**Price per ID+ Card:** \$15.00 each (\$25 replacement fee for lost/stolen card)

**Phone #:** 412-268-5224

**Web Site:** <http://www.cmu.edu/idplus/>

**Email:** [idplus@andrew.cmu.edu](mailto:idplus@andrew.cmu.edu)

## Employee Information Please print or type.

Last Name		First Name		M.I.	Social Security Number
Title				Department	
Campus Address			Work Phone		E-mail address

## ID+ Cards are requested for: Please print or type.

Last Name	First Name	M.I.	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Relationship to Employee <input type="checkbox"/> Spouse <input type="checkbox"/> Domestic Partner
Last Name	First Name	M.I.	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Relationship to Employee <input type="checkbox"/> Dependent Child (aged 12-21 only)
Last Name	First Name	M.I.	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Relationship to Employee <input type="checkbox"/> Dependent Child (aged 12-21 only)
Last Name	First Name	M.I.	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Relationship to Employee <input type="checkbox"/> Dependent Child (aged 12-21 only)
Last Name	First Name	M.I.	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Relationship to Employee <input type="checkbox"/> Dependent Child (aged 12-21 only)
Last Name	First Name	M.I.	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Relationship to Employee <input type="checkbox"/> Dependent Child (aged 12-21 only)

## Signatures

I certify that the person(s) listed above is(are) my eligible family members: spouse, domestic partner and/or dependent child.

_____	_____	_____	_____
Faculty or Staff Member Signature	Date	Human Resources	Date

## Benefits Office Use Only

Carnegie Mellon University reserves the right to modify, amend or terminate any or all of the provisions of this policy and these administrative procedures at any time for any reason upon appropriate action by the University. Notwithstanding any of the prior statements, in all cases, University policies will govern.

*Return to Human Resources -- Benefits & Compensation Office, c/o 5000 Forbes Avenue, Pittsburgh, PA 15213.*



# Termination Statement of Domestic Partnership

Employee Information		Please print or type.			
Last Name	First Name	M.I.	Social Security Number		
Street Address		Sex: <input type="checkbox"/> M <input type="checkbox"/> F		Date of Birth - Month/Day/Year	
City	State	Zip	Work Phone		Home Phone
Department			E-mail address:		

Domestic Partner Information		Please print or type.			
Last Name	First Name	M.I.	Social Security Number	Sex: <input type="checkbox"/> M <input type="checkbox"/> F	
Street Address		City	State	Zip	

**Termination of Partnership**

I \_\_\_\_\_ am no longer entered into a domestic partnership with \_\_\_\_\_.  
(Faculty or Staff Member) (Domestic Partner)

as defined in Carnegie Mellon University's Registration Statement of Domestic Partnership that I signed and dated on \_\_\_\_\_.  
(Date filed)

I have mailed a copy of this Termination Statement to my former domestic partner on \_\_\_\_\_ at the address listed above for my domestic partner.  
(Date filed)

**Note to Faculty or Staff Member:** If your former domestic partner was covered by any Benefits or Services for which a deduction or reduction was made from your pay, you must also change your Benefits elections. You may do this by completing a Benefits Enrollment/Change Form and returning it with this form, or by making your changes online through HR Connection after this form is submitted. You must submit your benefits changes within 31 days of submitting this Termination Statement.

**Signatures**

I declare the above statements to be true and correct.

_____	_____	_____	_____
Faculty or Staff Member Signature	Date	Human Resources	Date

**Benefits Office Use Only**

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Carnegie Mellon University reserves the right to modify, amend or terminate any or all of the provisions of this Domestic Partner policy and these administrative procedures at any time for any reason upon appropriate action by the University. Notwithstanding any of the prior statements, in all cases University policies will govern.

*Return to Human Resources -- Benefits & Compensation Office; 319 SCRG, 5000 Forbes Ave., Pittsburgh, PA 15213-3730.*



## General Information

*Use this form if you are an active employee and want to certify that your domestic partner or domestic partner's child/children qualify as dependents for the purpose of pre-tax health benefits. The provisions of this form apply to both domestic partners and children of domestic partners; however, for ease of reference they are referred to collectively as "domestic partners".*

### Domestic Partners Eligible for Health Coverage

Group health coverage, including medical, prescription, vision and dental benefits, is available for domestic partners of Carnegie Mellon University's eligible employees. Refer to the Summary Plan Description for the Carnegie Mellon University Benefit Plan (the "Plan") and Plan enrollment materials for a definition of domestic partner, the procedures you must follow to enroll your domestic partner for coverage, and more in depth information regarding Certification of your domestic partner as a dependent.

### Tax Consequences of Domestic Partner Coverage

Under federal tax law, if your (non-spouse) domestic partner does not qualify as your tax dependent for health coverage purposes (as defined below), then you will be unable to pay for your domestic partner's coverage on a pre-tax basis under the Plan. The value of your domestic partner's coverage, less the amount you pay for such coverage on an after-tax basis, will be included in your gross income, subject to federal income tax withholding and employment taxes, and will be reported on your Form W-2. This includes any portion of the premiums that the University pays for your domestic partner's health coverage. (The value of coverage varies, depending on the medical, prescription, vision and dental coverage options you elect).

If your domestic partner qualifies as your tax dependent for health coverage purposes, then you will be able to pay for domestic partner coverage on a pre-tax basis under the Plan. In this case, no portion of the premiums paid by the University will be included in your income or be subject to federal withholding or employment taxes.

### Who is a Domestic Partner Tax Dependent for Health Coverage Purposes?

In general, the following conditions must be met (in addition to qualifying as domestic partner for enrollment under Plan rules) in order for your same-sex or opposite-sex domestic partner to qualify as your tax dependent for health coverage purposes under federal tax law:

- You and you domestic partner have the same principal place of abode for the entire calendar year;
- Your domestic partner is a member of your household for the entire calendar year (the relationship must not violate local law);
- During the calendar year you provide more than half of your domestic partner's total support;
- Your domestic partner is not your (or anyone else's) "qualifying child" under Section 152(c) of the Internal Revenue Code (the "Code"); and
- Your domestic partner is a U.S. citizen, a U.S. national, or a resident of the U.S., Canada, or Mexico.

## **Filing a Domestic Partner Certification for Dependent Tax Status**

If your domestic partner qualifies as your tax dependent for health coverage purposes, you can avoid having the value of your domestic partner's health coverage treated as taxable income. To avoid taxation, you must complete and return this Domestic Partner Certification for Dependent Status (the "Certification"), indicating that your domestic partner qualifies as your federal tax dependent for health coverage purposes. Because the determination of whether a person is a tax dependent for health coverage purposes turns on facts solely within your knowledge, the University cannot make this determination for you. You should make this determination in consultation with your tax professional. **You will be asked to complete a Recertification Statement each year at open enrollment. For any year in which the University does not receive a Certification or Recertification Statement from you, the University will assume that your domestic partner does not qualify as your federal tax dependent for health coverage purposes for that year.**

*This information is only a summary of the tax provisions governing the tax status of a domestic partner (or the domestic partner's children) for health plan purposes, and is not intended nor should it be relied upon as legal or tax advice. Due to the complexity of these tax rules and the potential impact of any imputed income you may incur, you should seek advice from a competent tax professional before certifying as to the tax status of the person being enrolled.*

**Note: You must submit this form each year to certify your Domestic Partner and/or Domestic Partner's Children as Dependents.**

**RETURN THIS FORM TO THE BENEFITS OFFICE.**