

# Domestic Partner Eligibility

Relationship	Documentation Requirements
Domestic Partner (Not married) A copy of the Domestic Partnership Affidavit is available on the following page of this online Benefits Guide.	Affidavit of Domestic Partnership and any two of the following, demonstrating a minimum of a year (12 consecutive months) partnership: <ul style="list-style-type: none"> <li>• Joint mortgage or lease of residence</li> <li>• Joint ownership of a motor vehicle</li> <li>• Joint bank or investment account</li> <li>• Joint credit card or other financial responsibility</li> <li>• Will naming the partner as the beneficiary</li> <li>• Life Insurance policy naming the partner as the beneficiary</li> <li>• Assignment of durable power of attorney or healthcare proxy</li> </ul> OR: Affidavit of Domestic Partnership and copy of registration under applicable state law or municipality
Children of Domestic Partner	Birth Certificate (must list domestic partner as a parent) and Domestic Partner documentation as defined above. <b>Note:</b> Domestic Partners must be included in coverage. You must select "Employee and Domestic Partner with children" coverage.
Grandchildren of Domestic Partner	Birth Certificate (must list Domestic Partner's child as a parent) and children of Domestic Partner documentation as defined above. <b>Note:</b> Domestic Partners must be included in coverage. You must select "Employee and Domestic Partner with children of a Domestic Partner" coverage.  Legal Custody or Guardianship documentation
Domestic Partner Same Sex	A Domestic Partner of the same sex and legally married are covered on a tax-free basis with proper documentation (marriage certificate).

## Important Information

Proof of eligibility must be provided for Domestic Partner and all listed Children or Grandchildren of Domestic Partner (Include this form with the required documentation and the completed notarized Affidavit).

Employee Number \_\_\_\_\_

Employee/Retiree/Participant Name \_\_\_\_\_

Social Security Number \_\_\_\_\_

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

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

**RETURN BY SCHOOL MAIL TO:**

Work Location 9112, Suite 335

**OR FAX TO:** 1-305-995-1425

Indicate the relationship of your dependent on the form below.

**DP** = Domestic Partner

**DC** = Child of Domestic Partner

**DGC** = Grandchild of Domestic Partner

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

Employee/Retiree/Participant Signature \_\_\_\_\_ Date \_\_\_\_\_

**Note:** This is not an enrollment form, you must still complete your benefits enrollment and return it with both the dependent documentation and the notarized Domestic Partner Affidavit.