

## **DOMESTIC PARTNERSHIP INFORMATION**

All active City of Milwaukee employees may include same gender or opposite gender domestic partners on their health and/or dental plans.

Eligible employees who wish to add a domestic partner to their insurance plan(s) are required to complete a *Domestic Partnership Application*, provide several required documents, personally appear with their partner before a representative of the Employee Benefits Division and make a declaration regarding their status.

**To determine if your situation qualifies as a domestic partnership, review the Application for Domestic Partnership and ensure the declarations are true, and that at least three of the six conditions outlined are true and demonstrable.**

Qualified domestic partners should complete the Application for Domestic Partnership (DO NOT SIGN IT) and assemble necessary documentation. In addition, the City employee should complete new health and/or dental enrollment forms which include domestic partner information.

**When documents are completed, call Employee Benefits at 286-2178 to schedule an appointment to meet with a Benefits Specialist.**

**Both applicants must be in attendance.**

Meetings are located at: Department of Employee Relations  
City Hall, Room 706  
200 E. Wells Street  
Milwaukee, WI 53202

## **General Information**

### Requirements

Applicants, with appropriate verification, must declare under oath that at least three of the six conditions on the *Application for Domestic Partnership* are true. They are required to agree to notify Employee Benefits, within 30 days, of any change in the status of their partnership and to file a termination notice under §111-5 of the Milwaukee Code of Ordinances should the partnership end. Additionally, employees are required to complete health and/or enrollment forms within 30 days of a change in partnership status.

### Cobra Coverage

Should a domestic partnership end, the domestic partner is not eligible for Cobra continuation of benefits. Domestic partners health and dental benefits will terminate at the end of the month in which the partnership ended. If the City of Milwaukee employee leaves employment, the employee is eligible for Cobra continuation of benefits and may continue to include their domestic partner on their benefit plan. At no time is a domestic partner entitled to cobra coverage independent of the city employee.

### Children of Domestic Partners

Children of domestic partners are not eligible for health and dental benefits through the City of Milwaukee, unless the child of the domestic partner is adopted by the City employee.

### Tax Implication

Two IRS regulations impact adding a domestic partner to benefits:

1. Employee health and dental premiums must be collected on an after-tax basis; and
2. Employees must pay taxes on the value of the domestic partners insurance benefits.

The Wisconsin Department of Revenue defines the value of the benefits "as the amount paid for a single unsubsidized health and/or dental plan" i.e., the amount the City pays for the plan. For example the cost of a single UnitedHealth Care plan in 2012 is \$623.96 per month, and a single Delta Dental plan is \$24.96 per month. This means that half of the additional \$648.92 per month is added to gross wages for the purpose of calculating taxes on each of two paychecks per month.

### Flexible Choices Program

Out-of-pocket medical expenses and out-of-pocket dependent care expenses of domestic partners or children of domestic partners are not eligible for reimbursement through the City of Milwaukee Flexible Choices Program.

### Required Documents

Applicants must provide proof of their identity, age, and of their joint tenancy at the same residence within the City of Milwaukee. Acceptable forms of identification for verification are a State of Wisconsin Driver's License or a Milwaukee County Identification Card. No other form of identification will be accepted.

**City of Milwaukee**  
**APPLICATION FOR DOMESTIC PARTNERSHIP**

Employee Name: \_\_\_\_\_

Employee ID Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Domestic Partner Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Please identify any previous domestic partner(s) registered with the City of Milwaukee.**

Name: \_\_\_\_\_ Date Partnership Terminated: \_\_\_\_\_

Reason for Termination (marriage, death, termination statement): \_\_\_\_\_

Name: \_\_\_\_\_ Date Partnership Terminated: \_\_\_\_\_

Reason for Termination (marriage, death, termination statement): \_\_\_\_\_

**Please check mark the declaration statements and conditions of domestic partnership that are applicable to your situation on the following page.**

**Domestic partners do hereby declare:**

- We are in a domestic relationship of mutual support, caring and commitment and intend to remain in this relationship.
- We are 18 years of age or older, and competent to enter into a domestic partnership.
- We are not married and are not related by kinship to a degree that would bar marriage in the State of Wisconsin.
- We reside together in the City of Milwaukee.
- We have not been in a registered domestic partnership with another individual during the 12 months immediately preceding the date of this application.
- One of us is a City of Milwaukee employee in a group eligible for domestic partner benefits.

**We further declare and show proof that we meet at least three of the following six conditions of domestic partnership:**

- We have common or joint ownership of a residence.
- We have a current lease for a residence identifying both applicants as tenants.
- We jointly own a motor vehicle.
- We own a joint bank or credit union account.
- We have a joint credit account.
- We have identified each other as the primary beneficiaries in our wills.

**Applicants will state the following:**

We understand our status as domestic partners is a matter of public record; we each agree to notify Employee Benefits of any change in the status of our domestic partnership and to file a termination notice under §111-5 of the Milwaukee Code of Ordinances when appropriate.

**Affirmation:** Each applicant swears or affirms, subject to the penalties for false statements of WI §946.32, that the information declared in this application for domestic partnership is true and correct to the best of their knowledge.

Subscribed and sworn to me before this:

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Domestic Partner Signature

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