DOMESTIC PARTNER VERIFICATION

PROCEDURE

PURPOSE:
To define the steps when applying for a Health Insurance for a Domestic Partner.

DEFINITION:
Domestic Partner – A committed relationship between two individual over the age of 18 of the same or opposite sex, who is not legally married or in another domestic partner relation; is not related in any way that could prohibit marriage in the State of Florida; in a committed relationship of mutual support and has shared financial obligations and living expenses and is not in a relationships to solely obtain benefits.

PROCEDURE:
The following procedure will be required before an approval of Health Coverage for a Domestic Partners of Full-time Faculty or Staff member. The Human Resources Benefits Department is responsible for administering Domestic Partner benefits to eligible employees.

- Eligible employees must make an appointment with the Benefits Department in Human Resources.

- During this appointment HR will review the supporting documents, make copies for employer record keeping and certify the eligibility of the Domestic Partner relationship.

- Employee and Domestic Partner must sign a Declaration of Domestic Partnership Form and provide copies of one of the following:
  - A lease, deed or mortgage indicating joint responsibilities
  - Drivers licenses for both parties showing same address
  - Passports for both parties showing the same address
  - Other documents that in the opinion of the college conclusively demonstrate the applicants are living together as a family, including but not limited to: credit cards with the same account, wills, powers of attorney, or joint title or ownership of a vehicle.

- Once Declaration Form has been completed and all required documents have been provided, the HR Representative will provide the employee and domestic partner with a Domestic Partner Certification.

- The Domestic Partner Certification must be provided to the Human Resources Benefits Department.
• Recertification will be required on an annual basis. Domestic Partner Certification Form will expire one year from the date the certification was provided.

• If an Employee and the Domestic Partner have requested that a child of the Domestic Partner be covered, the Employee and the Domestic Partner must certify that the child lived in the same household, is unmarried and depends upon you for support.
August 9, 2012

This letter certifies that ___________________________ has successfully met the Domestic Partner criteria for benefit eligibility required by Hillsborough Community College. The Domestic Partner listed above is eligible for the following benefits.

- Health Insurance (medical, dental, vision and EAP)
- Tuition Fee Waiver
- Dependent Life Insurance

Recertification is required each year during the Annual Benefits Open Enrollment period or one year from the date of this certification.

______________________________
Employee

______________________________
Human Resources Representative

______________________________
Date

______________________________
Title