



To: **CaliforniaChoice**

Re: **Domestic Partner Coverage**

I have read the Domestic Partnership eligibility requirements for the CaliforniaChoice program on the reverse side of this form and wish to extend this coverage to our employees to become effective upon our group anniversary date.

I understand that the availability of this coverage must be uniformly communicated and extended to all employees of our company.

Group Name \_\_\_\_\_ Group #

Print Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

## **Domestic Partnership Eligibility Requirements**

At the time of Employee eligibility for enrollment or open enrollment, the Employee and Domestic Partner must fall into all of the following categories:

- Have a single dedicated relationship of at least 12 months duration and intend to remain in the relationship indefinitely and share a permanent residence and have done so for at least 12 months, prior to coverage
- Neither is married under either statutory or common law
- Employee and Domestic Partner are both 18 years of age or older
- Financially interdependent
- Mentally competent
- Not related by blood to a degree of closeness that would prohibit marriage in the law of the state in which they reside

### **AND possess any three (3) of the following items:**

- Proof of joint or common leasehold interest in real property
- Proof of common ownership of an automobile
- Proof of a will designating Domestic Partner as primary beneficiary
- Proof of joint savings or credit accounts
- Proof of Durable Power of attorney for property and health care

### **AND sign an affidavit attesting to all of the above**

Children of the Domestic Partner are also eligible for coverage when child(ren) are:

- Born to, a step child of, or adopted by the Employee or Domestic Partner
- Financially dependent upon Employee or Domestic Partner
- Unmarried
- Under age 23\* (Please note conditions below)**

#### ***FOR CALCHOICE 5, 10 & 20 HMO***

*Unmarried financially dependent children, as defined by the IRS. Children can only be covered until the last day of the month following their 23rd<sup>†</sup> birthday.*

#### ***FOR CALCHOICE PPO 15, PPO 25, PPO 35 and PPO 2250***

*Unmarried financially dependent children under age 19<sup>†</sup>, or unmarried children under age 25<sup>†</sup> who are full-time students at an accredited college and who are fully supported by you can be covered under these four benefit designs.*

<sup>†</sup>Children incapable of self-support because of a continuous and pre-existing mental or physical disability are eligible for coverage until the incapacity ends. Documentation to prove disability may be requested.