



**CITY OF MADISON
CERTIFICATION OF DOMESTIC PARTNERSHIP
FOR HEALTH PREMIUM STIPEND PROGRAM
General Municipal, Non-Represented,
and Teamsters Employees Only**

Employee Information

Name:	Munis ID #:
Date of Birth:	Department:

Domestic Partner Information

Name:	Date of Birth:
Employer:	
Employer Address:	

Employee Certification

By my signature, I certify that I am in a domestic partner relationship that satisfies the eligibility requirements of the City of Madison's Domestic Partner Health Insurance Premium Stipend Program (hereafter referred to as "the Program"). I further certify that I will notify City of Madison Human Resources within 30 days if my relationship ceases to satisfy the requirements of the Program, by completing and submitting a City of Madison Termination of Domestic Partnership form.

**DOMESTIC PARTNER HEALTH INSURANCE PREMIUM STIPEND PROGRAM
ELIGIBILITY REQUIREMENTS**

The certifying employee must meet all of the following requirements in order to be eligible for a stipend:

Effective January 1, 2018, the City shall provide a stipend to eligible employees for health insurance premiums paid by an eligible employee's qualified Domestic Partner on the following basis:

1. To qualify for a stipend for health insurance premiums paid by a Domestic Partner, the employee and Partner shall be:
 - a. In a qualified domestic partnership, defined by the following:
 - i. In a relationship of mutual support, caring, and commitment, with the intention to remain in such a relationship in the immediate future; and
 - ii. Not related by blood closer than would bar marriage in the State of Wisconsin; and
 - iii. Not married or legally separated and, if either party has been a party to an action or proceeding for divorce or annulment, at least six (6) months have elapsed since the date of the judgment terminating the marriage; and
 - iv. Neither Domestic Partner is currently in a domestic partnership with a different partner and, if either partner has previously been a Domestic Partner in another domestic partnership, at least six (6) months have elapsed since the effective date of termination of that domestic partnership; and
 - v. Eighteen (18) years of age or older; and
 - vi. Competent to contract; and
 - vii. Occupying the same dwelling unit as a single, nonprofit housekeeping unit, whose relationship is of permanent and distinct domestic character; and
 - viii. Not in a relationship that is merely temporary, social, political, commercial, or economic in nature; and

ix. Jointly responsible for each other's common welfare and share financial obligations which could be demonstrated upon request by providing proof of the existence of the following:

a. Designation of Domestic Partner as primary beneficiary in either:

- my or my Domestic Partner's will, or
- life insurance, or
- retirement plan

OR

b. Two (2) of the following:

- Joint mortgage or lease or other appropriate written evidence of common residence such as joint utility bills
- Durable power or health care power of attorney
- Joint ownership of motor vehicle
- Joint checking account or joint credit account

2. Acknowledgement

An employee applying for this benefit shall certify the following:

- a. Their Domestic Partner does **not** have access to **any** employer sponsored health insurance program from another source where the employer would pay at least 50% of the premium cost. Any such access must be reported immediately and will serve to negate the employee's Domestic Partner's eligibility for this benefit.
 - b. The benefits for their Domestic Partner using this registration will remain in effect as long as they remain an active City employee and continue to meet the health insurance eligibility requirements or until alternative health insurance coverage is again provided through the State of Wisconsin Group Insurance Board and that the percentage level of City contribution shall be consistent with that established for the employee.
 - c. The filing of false, inaccurate, or misleading information, or the failure to correct any such information which may result in the reimbursement of unauthorized benefits, may subject the signing employee to discipline, and may result in other legal and/or financial penalties as provided by law.
 - d. The City of Madison retains the right to verify, at any time, any and/or all of the information set forth in the registration.
 - e. This registration affects only health insurance benefits. The sick leave, bereavement leave, and family medical leave benefits available to City employees registered with the Human Resources Department remain the same and are unaffected by this registration.
 - f. That it is the employee's responsibility to periodically (not more frequently than monthly) request said reimbursement through the appropriate form available from the Human Resources Department.
3. The City of Madison will provide a stipend to qualifying employees to offset the cost of a qualifying Domestic Partner obtaining health insurance coverage outside of the City of Madison's group health insurance program. The stipend will be equal to the amount of the premium paid by their qualified Domestic Partner, but no more than an amount equal to the difference between the maximum employer contribution to a Family Plan and the maximum employer contribution to a Single Plan, for which the certifying employee would be eligible under the City of Madison's group health insurance program (88% of the average cost of, or 100% of the low cost plan among, the Tier 1 Family health plans available in the Dane County service area through the group health insurance program and 88%

of the average cost of, or 100% of the low cost plan among, the Tier 1 Single plans available in the Dane County service area through the group health insurance program). Permanent part-time and hourly employees are eligible for this benefit based on the prorated share that the City pays for their health insurance premium. Reimbursements will be made on the City employee's payroll check and withholding will be taken for Medicare, Federal, and State tax purposes.

Signature of Employee

Date of Signature

Signature of Human Resources Director

Date of Signature

The Domestic Partner Stipend Program is subject to Section 3.54(25)(b) of the Madison General Ordinances.