

The California State University  
Office of the Chancellor  
401 Golden Shore  
Long Beach, CA 90802-4210  
(562) 951-4411

Code: HR 2000 -01

**Date:** January 10, 2000

**To:** CSU Presidents

**From:** Jackie R. McClain  
Vice Chancellor  
Human Resources



**Subject:** Domestic Partnership Benefits

Assembly Bill No. 26 (AB 26) signed by Governor Davis (Stats. 1999, Ch. 558) allows, under specific conditions, for persons in the State of California to register non-marital relationships with the Secretary of State. Having obtained registration of the relationship, the law allows the registered individuals to obtain health benefits under the standard eligibility rules of the Public Employees' Medical and Hospital Care Act (PEMHCA). The California State University (CSU) can elect to adopt the provisions of AB 26 through Board of Trustees' resolution. At the November 1999 Board of Trustees' meeting, the Trustees adopted health care coverage for domestic partners of CSU employees and annuitants and also adopted dental and vision coverage for domestic partners of **nonrepresented** CSU employees and annuitants, if available, subject to the Secretary of State approval process and the PERS' acceptance process.

The CSU unions have supported these benefits and the university has been in negotiations with the exclusive representatives of its various bargaining units to discuss any implementation factors within the control of the CSU for health benefits and to offer dental and vision coverage to domestic partners of CSU represented employees. Such collective bargaining discussions are in accordance with HEERA. Unions agreements will be presented for Trustee approval at the January 25-26, 2000 Board of Trustees' meeting.

**Eligibility and Registration**

Effective at this time, the following table identifies the eligible employee categories and benefit plans available to domestic partnerships, effective January 1, 2000:

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**Distribution:** All With Attachments

Executive Vice Chancellor, CFO  
Associate Vice Presidents/Deans of Faculty  
Human Resources Directors  
Benefits Officers  
Payroll Managers

<b>Employee Category</b>	<b>Health</b>	<b>Dental</b>	<b>Vision</b>
Executive (M98)	X	X	X
MPP (M80)	X	X	X
Confidential	X	X	X
Physicians (Unit 1)	X	X *	X *
Faculty (Unit 3)	X	X *	X *
Academic Support (Unit 4)	X	X *	X *
Units 2, 5, 7, 9 (CSEA)	X	X *	X *
Skilled Crafts (Unit 6)	X	X *	X *
Public Safety (Unit 8)	X		
Operating Engineers (Unit 10)	X	X *	X *

\*Subject to approval by Trustees at January 25-26, 2000 Board meeting.

We will advise campuses of revisions to the above chart, as appropriate.

Enrollment of a domestic partner in health, dental, and vision benefits will be in accordance with the following process:

- AB 26 establishes the right to register a domestic partnership relationship with the State beginning January 1, 2000. The Secretary of State will register the domestic partnership and provide a Declaration of Domestic Partnership to the domestic partners. Registration of domestic partnerships under AB 26 began January 1, 2000. Specified same-sex domestic partnerships between persons who are both at least 18 years of age, and specified opposite sex domestic partnerships when both persons are over the age of 62, are eligible to register with the Secretary.
- The enrollee must provide a copy of the Declaration of Domestic Partnership (Attachment 1) and signed Statements of Financial Liability (Attachments 2 and 3) to the campus Benefits Officer.
- Campuses are to refer to the December 3, 1999 CalPERS Circular Letter No. 600-18 for instructions and guidelines for completing the appropriate health benefit enrollment forms. The same modifications used in the HBD-12 form are to be followed in completing enrollment for dental and vision benefits.
- CSU retirees must contact the CalPERS Health Benefit Services Division for health benefit information. The Chancellor's Office will contact CSU retirees directly regarding the addition of dental coverage for domestic partners.

**Eligible employees may add domestic partners and children to their health, dental, and vision plans utilizing the same enrollment policies for domestic partnerships as are currently used for traditional marriages.** Please note: Employees adding a domestic partner and/or children are not allowed to change benefit plans at this time. Changes will be allowed during the normal Open Enrollment in September 2000.

Until further notice, domestic partners will be coded as "spouse" and children of domestic partnerships should be coded as "children."

Eligible employees may participate in the FlexCash Plan if they obtain non-CSU medical and/or dental coverage through a domestic partner.

**Financial Liability**

The enrolled individual/employee is responsible for maintaining the accurate enrollment status of dependents for the various benefit plans. Failure to notify the CSU of the termination of the domestic partnership shall make the employee/enrolled individual liable for any and all additional expenses incurred by the domestic partner and/or his/her dependents.

**Tax Implications**

Employees who enroll a domestic partner or a partner's dependent in a medical and/or dental plan may have imputed income because the additional coverage of the domestic partner and/or partner's dependent becomes a taxable benefit, unlike health coverage for enrolled family members. Based on IRS requirements, imputed income applies only for coverage of an eligible family member who is not the employee's tax dependent. Employees will need to be apprised of potential tax implications. These issues are being addressed by the State Controller's Office and more information will be forthcoming in the near future.

If you have any questions, please contact Pamela Chapin in Human Resources at 562/951-4414.

JRM/pc



State of California  
 Bill Jones  
 Secretary of State

Attachment 1  
 FILE NO: HR 2000-01

Example for  
 information purpose  
 only

**DECLARATION OF DOMESTIC PARTNERSHIP**  
 (Family Code Section 298)

**Instructions:**

1. Complete and mail to: Secretary of State, P.O. Box 944225, Sacramento, CA 94244-2250 (916) 653-4984
2. Include filing fee of \$10.00

**We the undersigned, do declare that we meet the requirements of Section 297 at this time:**

We share a common residence;  
 We agree to be jointly responsible for each other's basic living expenses incurred during our domestic partnership;  
 Neither of us is married or a member of another domestic partnership;  
 We are not related by blood in a way that would prevent us from being married to each other in this state;  
 We are both at least 18 years of age;  
 We are both members of the same sex or we are both over the age of 62 and meet the eligibility criteria under Title II of the Social Security Act as defined in 42 U.S.C. Section 402(a) for old-age insurance benefits or Title XVI of the Social Security Act as defined in 42 U.S.C Section 1381 for aged individuals;  
 We are both capable of consenting to the domestic partnership;  
 Neither of us has previously filed a Declaration of Domestic Partnership with the Secretary of State pursuant to Division 2.5 of the Family Code that has not been terminated under Section 299 of the Family Code.

**The representations herein are true, correct and contain no material omissions of fact to our best knowledge and belief. Sign and print complete name (if not printed legibly, application will be rejected.) Signatures of both partners must be notarized.**

_____ Signature	_____ (Last)	_____ (First)	_____ (Middle)
_____ Signature	_____ (Last)	_____ (First)	_____ (Middle)
_____ Common Residence Address	_____ City	_____ State	_____ Zip Code
_____ Mailing Address	_____ City	_____ State	_____ Zip Code

**NOTARIZATION IS REQUIRED**

State of California  
 County of \_\_\_\_\_

On \_\_\_\_\_, before me, \_\_\_\_\_, personally appeared \_\_\_\_\_

personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s) executed the instrument.

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

[PLACE NOTARY SEAL HERE]



Health Benefit Services Division  
P.O. Box 942714  
Sacramento, CA 94229-2714

Toll Free: (800) 237-3345 Local: (916) 326-3970  
TDD: (916) 326-3240 Fax: (916) 658-1313

**Statement of Financial Liability  
For  
Domestic Partner Health Benefits**

I, \_\_\_\_\_ agree that I may be required to  
(Full Name of Subscribing Individual)  
reimburse my employer, my designated health benefits plan, and the California Public  
Employees' Retirement System, for any expenditures made by my employer, my  
designated health benefits plan, and the California Public Employees' Retirement  
System, for medical claims, processing fees, administrative charges, costs, and  
attorney's fees incurred in conjunction with providing health coverage under the Public  
Employee's Medical and Hospital Care Act to my domestic partner or any of his or her  
dependents if any of the submitted documentation is found to be incomplete,  
inaccurate, or fraudulent.

Full Name of Subscriber \_\_\_\_\_

Signature \_\_\_\_\_

Full Name of Domestic Partner \_\_\_\_\_

**California State University  
Statement of Financial Liability  
For  
Domestic Partner Dental and Vision Benefits**

I, \_\_\_\_\_, agree that I may be required to  
(Full Name of Employee)  
reimburse The California State University (CSU), my designated dental benefits  
plan, and/or my designated vision benefits plan for any expenditure made by the CSU,  
my designated dental benefits plan, and/or my designated vision plan for dental and/or  
vision claims, processing fees, administrative charges, costs, and attorney's fees incurred  
in conjunction with providing dental and/or vision coverage pursuant to HR 2000-01,  
under the standard eligibility rules of the Public Employees' Medical and Hospital Care  
Act (PEMHCA), to my domestic partner or any of his or her dependents if any of the  
submitted documentation is found to be incomplete, inaccurate, or fraudulent.

Full Name of Employee \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Full Name of Domestic Partner \_\_\_\_\_