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Code: TECHNICAL LETTER
HR/Benefits 2004-31

To: Human Resources Directors
Benefit Officers

From: Cathy Robinson, Assistant Vice Chancellor
Human Resources Administration

Subject: Domestic Partner Update – Assembly Bill (AB) 205 Legislation

Effective January 1, 2005, pursuant to Assembly Bill (AB) 205, the California Domestic Partner Rights and Responsibilities Act of 2003, current and former domestic partners registered in California shall have the same rights, protections, and benefits, as well as the same responsibilities, obligations, and duties provided to current and former spouses under California state law. The rights and responsibilities extended under this new law include child custody rights; child support obligations; death benefits; family and medical leave benefits; medical, dental and life insurance benefits; and many other benefits currently reserved for married couples. This Technical Letter addresses the application of AB 205 as it pertains to benefits available to domestic partners employed by California State University (CSU).

In California, domestic partnerships are formalized through a registration process with the Secretary of State. This law will recognize same-sex legal unions, other than marriage, validly formed in another jurisdiction that is substantially equivalent to a registered domestic partnership in California. To determine health benefits eligibility, the California Public Employees’ Retirement System (CalPERS) will require information specific to the domestic partnership to determine whether or not a particular state/jurisdiction law will be recognized. For purposes of CSU benefit plans, determination of domestic partner eligibility will be based upon CalPERS’ acceptance of the domestic partnership relationship through an alternative jurisdiction.

Health Benefit Changes

- Effective January 1, 2005, employees and annuitants may enroll a validly registered domestic partner in the same manner as other eligible family members.
- Employees will no longer be required to complete a Statement of Financial Liability for Domestic Partner Health Benefits (Form PERS-HBD-10) in order to enroll a domestic partner. Additionally, an Affidavit of Eligibility (Form PERS-HBD-35) will not be required to enroll children of a domestic partner.

Distribution:

CSU Presidents
Vice Chancellor, Human Resources
Vice Presidents, Administration
Associate Vice Presidents/Deans of Faculty
Payroll Managers
Director, SOSS
A legal union of two persons of the same sex, other than marriage, validly formed in another jurisdiction may be deemed to be sufficient to establish eligibility for Health Program enrollment.

Following the death of the member, a surviving domestic partner may continue coverage in the CalPERS Health Program in the same manner as a surviving spouse if he/she satisfies the eligibility criteria.

Following termination of a domestic partnership, the former partner is no longer an eligible family member and must be deleted from coverage. The effective date of the mandatory health enrollment cancellation is the first day of the month following the date of the termination of the partnership. (The member is liable for any costs for health services utilized by the former partner after the effective date of the mandatory cancellation.)

**CSU Dental and Vision Plans**

CSU will follow the same criteria as CalPERS in determining domestic partner eligibility for CSU dental and vision plans. If CalPERS accepts a domestic partnership from another jurisdiction and permits enrollment in health benefits, the campus should enroll the domestic partner in appropriate CSU benefit plans. Employees will no longer be required to complete the CSU “Statement of Financial Liability for Domestic Partner Dental and Vision Benefits” form.

For additional information regarding implementation of AB 205, refer to CalPERS’ Circular Letter #200-189-04. This document is available on CalPERS Web site at: http://www.calpers.ca.gov/index.jsp?bc=/employer/cir-ltrs/home.xml. Questions may be directed to CalPERS at (888) 225-7377.

**Certification for Health and Dental Benefits for Tax Purposes**

Employees who wish to enroll a domestic partner in CalPERS health and CSU dental plans will still be required to complete the CSU “Domestic Partner Dependent Certification” form. (A revised form is attached.) This form is used to determine federal imputed tax liability status for domestic partnership (DP) health-related benefits. (Currently, only health and dental benefits are subject to DP imputed tax liability.)

Because of recent changes over the past several years regarding domestic partnerships in California and their impact on benefit programs, Human Resources Administration will consolidate our Domestic Partner Technical Letters into one, comprehensive document to be released early next year.

Questions regarding this Technical Letter may be directed to Felice Bakre in Human Resources Administration at (562) 951-4410. This Technical Letter is also available on the Human Resources Administration’s Web site at: http://www.calstate.edu/HRAdm/memos.shtml.

CR/fb

Attachment
The California State University
Domestic Partner Dependent Certification Form

This form is to be used by a CSU employee to determine his/her imputed tax liability status for domestic partnership (DP) health-related benefits. (Currently only health and dental benefits are subject to DP imputed tax liability.) Please check the appropriate statement and complete the employee portion of the form.

___ This is to certify, under the penalty of perjury, that effective with tax year __________, I, __________________________, am claiming my domestic partner, __________________________, as my dependent for the purposes of my federal income taxes. I understand that should I no longer declare my domestic partner as a dependent for tax purposes, that I will immediately notify my benefits/payroll department. In addition, if I fail to make this notification, I may be held liable for any taxes due based on when the dependency ended. By signing this document, I agree, upon request, to provide the CSU or the State Controller’s Office access to my tax records, domestic partner filing documents, and/or any other supporting documentation as needed to verify dependency for federal income tax purposes.

___ This is to certify, under the penalty of perjury, that effective with tax year ____________, I, ________________________________________, am no longer claiming my domestic partner, ________________________________________, as my dependent for the purposes of my federal income taxes. I understand that by rescinding this certification, the domestic partner benefits will be taxed as imputed income for federal income tax purposes.

_________________________________________    ___________________________
Employee Signature       Employee SNN

_________________________________________    ___________________________
Campus         Date Signed

Office Use Only

_________________________________________
Telephone Number

Campus Representative Signature

Date

Mail this form to:           State Controller’s Office
PPSD-PMAB – 10th Floor
300 Capitol Mall – P.O. Box 942850
Sacramento, CA 94250-5878

cc: Employee
    Human Resources/Payroll

Privacy Statement

The Information Practices Act of 1977 (Civil Code Section 1798.17) and the Federal Privacy Act (Public Law 93-579) require that this notice be provided when collecting personal information from individuals.

Information requested on this form is used by CSU and the State Controller’s Office for the purposes of payroll and deductions and to properly identify you for the purposes of income tax exemption. It is mandatory to furnish all information requested on this form. Failure to provide the mandatory information will result in the form not being processed which may impact your tax withholding.

The State Controller’s Office requires employee’s social security number and name for identification purposes. Legal references authorizing maintenance of this information include Government Code Sections 1151 and 1153, Sections 6011 and 6051 of the Internal Revenue Code, and Regulation 4, Section 404.1256, Code of Federal Regulations, under Section 218, Title II of the Social Security Act.

Copies of the Domestic Partner Dependent Certification form are maintained in confidential files of the State Controller’s Office for five years. Employees have the right of access to copies of this form upon request. The official responsible for the maintenance of the forms is: Chief of Personnel/Payroll Services Division, State Controller’s Office, P.O. Box 942850, Sacramento, CA 94250-5878.