



**CITY COLLEGES OF CHICAGO
DOMESTIC PARTNER HEALTH, TUITION WAIVER
AND
BEREAVEMENT LEAVE BENEFITS
APPLICATION PACKET**

**CITY COLLEGES OF CHICAGO DOMESTIC PARTNER HEALTH,
TUITION WAIVER AND BEREAVEMENT LEAVE BENEFITS
CHECKLIST**

- _____ DOMESTIC PARTNER HEALTH, TUITION WAIVER AND BEREAVEMENT LEAVE BENEFITS POLICY

- _____ DOMESTIC PARTNER HEALTH, TUITION WAIVER AND BEREAVEMENT LEAVE BENEFITS FACT SHEET

- _____ DOMESTIC PARTNER HEALTH, TUITION WAIVER AND BEREAVEMENT LEAVE BENEFITS AFFIDAVIT

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**POLICY ON DOMESTIC PARTNER HEALTH, TUITION WAIVER
AND BEREAVEMENT LEAVE BENEFITS**

Policy Statement

The Board of Trustees of the City Colleges of Chicago states that all qualified 'Domestic Partners' of City Colleges of Chicago employees shall be eligible for the same health benefits, including health and dental insurance, vision coverage and bereavement leave available to legal spouses of individuals in the employee's same job family who are eligible for health benefits. In addition, in accordance with Board Resolution #24039 Amendment #27921 dated 04/12/2007 and Amendment #33723 dated May 9, 2019 qualified Domestic Partners may obtain Tuition Waivers available to legal spouses of individuals employed by City Colleges of Chicago for credit courses offered by City Colleges of Chicago.

(A) 'Domestic Partners' shall be defined as two individuals who are in an exclusive, committed, long-term relationship who meet all of the following criteria:

- Are both 18 years of age or over;
- Have been cohabitating for at least 12 months;
- Are not blood relatives; and
- Are not married.

A 'Qualified Employee' shall be defined as an employee of the City Colleges of Chicago who is currently in a relationship that meets the criteria listed above.

(B) Individuals currently in a relationship that meets the criteria listed above must also demonstrate joint responsibility for each other's common welfare and financial obligations by verifying the existence of at least two (2) of the following conditions:

- A joint mortgage, lease, or ownership of real property;
- Designation as a life insurance beneficiary for at least one year;
- Joint ownership of a motor vehicle
- A joint checking account;
- Joint ownership of an investment or investment account;
- Joint responsibility for debts.

Domestic Partner Health, Tuition Waiver and Bereavement Leave Benefits Application Process

A qualified employee seeking Health, Tuition Waiver and Bereavement Leave Benefits for a qualified domestic partner shall contact the Office of Human Resources, Benefits Division to obtain a Domestic Partner Health, Tuition Waiver and Bereavement Leave Benefits application packet which consists of the following documents:

- Domestic Partner Health, Tuition Waiver and Bereavement Leave Benefits Fact Sheet;
- Domestic Partner Health, Tuition Waiver and Bereavement Leave Benefits Affidavit;
- Domestic Partner Bereavement Leave Benefit Registration Form;
- Domestic Partner Health Benefits Coverage Acknowledgement-A Form;
- Domestic Partner Health Benefits Coverage Acknowledgement-B Form.

Both partners must sign and notarize, where applicable, the above referenced documents and return them to the Office of Human Resources, Benefits Division for review. The Office of Human Resources, Benefits Division does not guarantee approval of eligibility for Domestic Partner Health, Tuition Waiver and Bereavement Leave Benefits.

The Office of Human Resources, Benefits Division shall review all documents and determine eligibility for Domestic Partner Health, Tuition Waiver and Bereavement Leave Benefits within ten (10) business days of receipt of a complete and fully executed application packet. Upon approval of eligibility, the qualified employee shall receive notification of the approval of the request from the Office of Human Resources, Benefits Division.

The qualified employee shall be required to contact the Office of Human Resources, Benefits Division within thirty (31) calendar days of the approval to enroll his/her Domestic Partner and his/her Domestic Partner's legal dependents in the appropriate health benefits plans available to the legal spouses and dependents of other employees in the qualified employee's job family.

A qualified employee's health insurance contributions for a domestic partner will be made on an after tax basis and the District's contribution for such coverage will be considered taxable income to the qualified employee. It is the employee's responsibility to consult with a tax advisor to determine the tax consequences of receipt of this benefit.

Upon termination of a Domestic Partnership, the qualified employee must complete and submit to the Office of Human Resources, Benefits Division, a 'Notice of Termination of Domestic Partnership' form. The qualified employee will not be allowed to submit another application for Domestic Partner Health, Tuition Waiver and Bereavement Leave Benefits until twelve (12) months after the Termination form has been filed with the Office of Human Resources, Benefits Division.

Information gathered during the application and review process or in the course of the administration of Domestic Partner Health, Tuition Waiver and Bereavement Leave Benefits will be treated as confidential and will be disclosed only as necessary in the course of the administration of benefits. All documents/records relating to the application for and the receipt of Domestic Partner Health, Tuition Waiver and Bereavement Leave Benefits shall be secured and maintained in the Office of Human Resources, Benefits Division.

**DOMESTIC PARTNER HEALTH, TUITION WAIVER
AND BEREAVEMENT LEAVE BENEFITS
FACT SHEET**

A qualified domestic partner of a City Colleges of Chicago (“the District”) qualified employee shall be eligible for the same health benefits, including health and dental insurance, vision coverage, tuition waiver and bereavement leave that the District offers to legal spouses of other employees in the qualified employee’s job family who are eligible for health benefits.

For a domestic partner to be eligible for coverage, the qualified employee and domestic partner must complete and file with the Office of Human Resources, Benefits Division a ‘Domestic Partner Health, Tuition Waiver and Bereavement Leave Benefits Affidavit.’

The qualified employee and domestic partner are responsible for providing the required documentation to satisfactorily support the domestic partner’s eligibility for health benefits.

In addition to other requirements, eligibility for domestic partner coverage requires the following.

- Both are 18 years of age or over;
- Have been cohabitating for at least 12 months;
- Are not related by blood closer than would bar marriage in the State of Illinois;
- Are not married.

Any and all documents that may be required to substantiate the eligibility guidelines must be provided by the domestic partners at the time the Affidavit is submitted to the Office of Human Resources, Benefits Division. Original Birth Certificates and copies of Illinois Drivers Licenses or State of Illinois Identification Cards will be required. Other documents may include:

- Mortgage document, displaying common or joint ownership;
- Residential tenant lease, displaying common or joint tenancy;
- Motor vehicle title or loan document evidencing joint ownership;
- Evidence of a joint checking account or credit card; and or
- Properly executed Will & Testament identifying the domestic partner of the qualified employee as a primary beneficiary in the employee’s Will & Testament.

Persons who live together, but do not meet the criteria will not be considered domestic partners for the purpose of eligibility for Domestic Partners Health, Tuition Waiver and Bereavement Leave Benefits.

The District will terminate the provision of Domestic Partner Health, Tuition Waiver and Bereavement Leave Benefits for a qualified employee's domestic partner upon receipt of a properly completed and executed 'Notice of Termination of Domestic Partnership Form' from either the qualified employee or the qualified employee's domestic partner. If the domestic partner in any way becomes ineligible for benefits, it is the responsibility of the qualified employee to notify the Office of Human Resources, Benefits Division in writing, utilizing the same Notice of Termination Form. **Following the termination of domestic partnership, a minimum of twelve (12) months must elapse before a qualified employee is eligible to designate a domestic partner and apply for benefits.**

The Domestic Partner Health, Tuition Waiver and Bereavement Leave Benefits Affidavit affects only health, dental, vision, tuition waiver and bereavement leave benefits. Other employee benefits require individual notification of beneficiaries, directly from participating District employees to the provider, as required by those products.

A qualified employee who gives false, inaccurate, or misleading information on the affidavit or fails to correct any information that has become false, inaccurate, or misleading will face discipline up to and including termination consistent with any applicable collective bargaining agreements. If either party submits false, inaccurate or misleading information in the affidavit, or fails to correct information that has become false, inaccurate or misleading, both parties will be liable for any loss or expenditure, including but not limited to a payment of benefits by the District. The District may recover said loss or expenditure together with reasonable attorney's fees, and both parties may be subject to other penalties as provided by law.

The Internal Revenue Service (IRS) has ruled that under Internal Revenue Code Section 61 and regulation promulgated thereto, the fair market value of employer provided health coverage for a domestic partner may be included in the qualified employee's gross income. **Accordingly, the District will deem the fair market value of the District provided health coverage for a domestic partner to be additional income to the qualified employee, subject to withholding and will include that fair market value on the forms (i.e.-W-2 form) that the District is required to provide to the IRS, which set forth set compensation paid to the employee.**



**AFFIDAVIT FOR DOMESTIC PARTNER
HEALTH, TUITION WAIVER AND BEREAVEMENT LEAVE BENEFITS**

Qualified Employee Information

Domestic Partner Information

Name _____

Name _____

SSN _____

SSN _____

Date of Birth _____

Date of Birth _____

College/Dist Office Dept _____

Employer _____

Job Family _____

Department _____

Street Address _____

Street Address _____

City/State/Zip _____

City/State/Zip _____

Home Phone _____

Home Phone _____

Work Phone _____

Work Phone _____

Current Insurance Provider(s)

Current Insurance Provider(s)

Health: _____

Health _____

Type: PPO ___ HMO ___ Other ___

Type: PPO ___ HMO ___ Other ___

Dental: _____

Dental: _____

Type: PPO ___ HMO ___ Other ___

Type: PPO ___ HMO ___ Other ___

Vision _____

Vision _____

To fulfill the eligibility requirements for Domestic Partner Health, Tuition Waiver and Bereavement Leave Benefits coverage established by the City Colleges of Chicago we attest that:

(Check **all** those that apply)

- _____ A) We are each other's sole domestic partner, responsible for each other's common welfare, and
- _____ B) Neither of us is married, and
- _____ C) We are not related by blood closer than would bar marriage in the State of Illinois, and
- _____ D) We are at least eighteen (18) years of age, and we reside at the same residence, and
- _____ E) We have been residing together for at least (12) months prior to filing the Affidavit of Domestic Partnership for Benefits.

At least **TWO** of the following conditions must apply. (Check **all** that apply and attach copies of relevant supporting documentation):

- _____ A) A joint mortgage, lease, or ownership of real property;
- _____ B) Joint ownership of a motor vehicle;
- _____ C) A joint checking account;
- _____ D) Joint responsibility for debts (e.g. credit card);
- _____ E) Joint ownership of an investment or investment account;
- _____ F) The domestic partner is identified as a primary beneficiary in the employee's Will & Testament or life insurance policy for at least one year.

Subscribed and sworn to before me this _____ day of _____ in the year _____

By Qualified Employee

Domestic Partner

Signature _____

Signature _____

Name: _____
(Print or Type)

Name: _____
(Print or Type)

who stated that they executed this affidavit as their voluntary act and deed.

(Notary Public)



**DOMESTIC PARTNER
HEALTH, TUITION WAIVER AND BEREAVEMENT LEAVE BENEFITS
ACKNOWLEDGEMENT-A**

I, the Qualified Employee, understand and acknowledge that the provision of health benefits to my domestic partner will have tax consequences for me. Consequently, it is **my responsibility to consult with a tax advisor prior to making this decision.**

I agree to hold harmless the City Colleges of Chicago and any providers of health benefits for any negative tax consequences I or my Domestic Partner may incur as a result of making the decision to receive Domestic Partner Health, Tuition Waiver and Bereavement Leave Benefits.

I, the Qualified Employee, understand that if I wish to apply for Domestic Partner Health, Tuition Waiver and Bereavement Leave Benefits, I must make application with the Office of Human Resources, Benefits Division at 3901 S. State Street, Chicago, Illinois 60609 (312) 553-2895

We have read and understand the information provided in the District’s Domestic Partner Health, Tuition Waiver and Bereavement Benefits Facts Sheet.

Employee’s
Signature: _____

Domestic Partner’s
Signature: _____

(Print or Type)

(Print or Type)

Date _____

Date _____

**DOMESTIC PARTNER
HEALTH, TUITION WAIVER AND BEREAVEMENT LEAVE BENEFITS
ACKNOWLEDGEMENT-B**

We agree to notify the Office of Human Resources, Benefits Division of any change in circumstances, which we have attested to in this affidavit within thirty (31) calendar days of any such changes. We understand and agree that the giving of false, inaccurate, or misleading information in this affidavit, or the failure to correct any information that has become false, inaccurate or misleading, shall subject the employee to discipline as set forth in the District's Board Rules and any applicable Collective Bargaining Agreements and may result in other penalties as provided by law. We understand and agree that if either of us has given false, inaccurate, or misleading information in this affidavit, or fails to correct any information that has become false, inaccurate or misleading and the District or provider of benefits hereunder incurs a financial loss or expenditure, including but not limited to payment of benefits, as a result of relying upon said false, inaccurate, or misleading information, we may be liable for said loss or expenditure and the District or the provider of benefits may recover said loss or expenditure from us, together with reasonable attorney's fee.

We acknowledge that the Domestic Partner Health, Tuition Waiver and Bereavement Leave Benefits Affidavit affects only health, dental and vision, and bereavement benefits. We understand that that other employee benefits require individual notification of beneficiaries, directly from participating District employees to the provider, as required by those products.

Qualified Employee

Domestic Partner

Signature _____

Signature _____

Name: _____
(Print or Type)

Name: _____
(Print or Type)

Have you ever been known by another name?

Have you ever been known by another name?

Yes ___ No ___

Yes ___ No ___

If yes, please type or print the name here.

If yes, please type or print the name here.

**DOMESTIC PARTNER BEREVEMENT LEAVE
BENEFIT REGISTRATION FORM**

TO: Office of Payroll

The Office of Human Resources, Benefits Division has determined that the undersigned qualified employee meets the criteria and therefore is deemed eligible to receive Domestic Partner Bereavement Leave Benefits as it applies to other employees in the qualified employee's job family. Upon submission of the appropriate documentation, (i.e., proof of death and relationship of deceased to the domestic partner, etc.), the qualified employee shall be granted paid bereavement leave in the same manner as it is granted to other employee's in the qualified employee's job family.

Qualified Employee

Name _____
(Print or Type)

Title _____

Job Family _____

College/District Office Department _____

Domestic Partner

Name _____
(Print or Type)

FOR OFFICE OF HUMAN RESOURCES, BENEFITS DIVISION USE ONLY

Authorized Signature
Office of Human Resource
Benefits Division

Title

Date



NOTICE OF TERMINATION OF DOMESTIC PARTNERSHIP

I/We, the undersigned, do declare that on or about, _____ said domestic partnership terminated and as such is dissolved. I/We understand that health benefits coverage for _____, (former domestic partner), will cease to continue and such is ineligible for further coverage.

I, the Employee, understand that from the date this Termination of Domestic Partnership form is received by the Office of Human Resources, Benefits Division a minimum of twelve (12) months must elapse before I am eligible to designate another domestic partner and apply for benefits.

I declare under penalty of perjury under the laws of the State of Illinois that the above is true and correct.

Qualified Employee

Signature _____ Date _____

(Print or Type)

Former Domestic Partner

Signature _____ Date _____

(Print or Type)

OR

I declare that have sent a copy of this notice to my former domestic partner on this date:
