

Domestic Partner FAQs

Who is considered an eligible domestic partner?

In order to be eligible, *you and your domestic partner* must meet the following requirements:

- Are both age 18 or older
- Are each other's sole domestic partner in a long-term, committed relationship and intend to remain so indefinitely
- Neither are legally married
- Are not related by blood to a degree that would prohibit legal marriage in the State of New Mexico (or of your residence)
- Are both capable of consenting to the relationship
- Are financially interdependent
- Have shared common residence for at least **six months** and intend to reside together indefinitely
- There has been at least **six months** since the termination of a previous domestic partnership

When can I enroll my Domestic Partner?

You can enroll your Domestic Partner during Open Enrollment or within 31- days of a Qualified Life Event (e.g. Birth of a child, involuntary loss of medical coverage, six month from the date of a new Domestic Partnerships.)

What forms do I need to complete to enroll my Domestic Partner?

You will need to complete Form 1925a "Declaration of Domestic Partnership" and Form 1751a "Benefits Enrollment Form" and submit them along with supporting documentation of your partnership.

What documentation is acceptable to support a domestic partnership?

Any one of the following dated at least six months prior to the date of enrollment will be considered acceptable documentation of financial interdependence:

- Copy of any declaration, affidavit, or similar document establishing your relationship that has been filed with any governmental entity (this includes cohabitation declarations as part of the DOE security clearance process)
- Joint mortgage or joint tenancy on a residential lease
- Joint bank account (copies of debit cards or voided checks are not acceptable)
- Joint liabilities (e.g. a credit card or car loan. Utility bills are not acceptable)
- Joint ownership of significant property (e.g. a car or house)
- Durable power of attorney for property
- Durable power of attorney for health care
- Wills, life insurance policies or retirement annuities naming each other as primary beneficiary (LANL Beneficiary's acceptable)
- Written agreement or contract showing mutual support obligations or joint ownership of assets acquired during the relationship.
- A copy of both partner's Driver's License with same address issued six months prior

What if my domestic partner and I prefer to keep our finances separate?

Then you will not qualify as domestic partners under our plans, as you must demonstrate financial interdependence with any one of the documents listed above.

Can I add my domestic partner's child(ren) to my plans?

Yes. Domestic Partner child(ren) are considered eligible plan members if they otherwise meet the requirements of the applicable benefit program (such as age requirements). Keep in mind if they are not your tax dependents, imputed income will be applied for the value of their benefits. See, FAQs on imputed income for additional information.

Can I cover my domestic partner's child(ren) without covering my domestic partner?

Yes, but Form 1925a, *Declaration of Domestic Partnership*, is still required to add a child(ren) of a domestic partner.

What benefits are available for my domestic partner and/or my domestic partner's child(ren)?

Domestic partners and/or their eligible child(ren) can be enrolled in the following benefits: medical, dental, vision, legal, AD&D, and dependent life insurances.

Are there tax implications of enrolling my domestic partner and/or their child(ren)?

Yes. The value of coverage provided by LANS for individuals who are not considered dependents under the Internal Revenue Code must be included as taxable income to the employee who enrolled the person and will be subject to tax as imputed income. Since domestic partners (and their children) are not federally recognized tax dependents of the employee, domestic partners are not eligible to have the pre-tax advantage. This means that not only the employee cost for the domestic partner's coverage is paid after-tax, but the portion subsidized by LANS must also be taxed to the employee.

How will these Imputed Income amounts appear on my payslip?

The imputed income reflecting the additional employee and LANS-subsidized (employer) medical costs will show on your payslip as "Imputed Inc DP." Your federal and state tax withholding will be increased to reflect this higher income and will therefore impact your paycheck.

Therefore, although the LANS share of the increased cost will not be a direct debit to your paycheck, the federal and state withholding on that amount *will* be reflected as a deduction to your paycheck.

How can I determine what the Imputed Income will be for enrolling my domestic partner and/or their children?

The calculation is complex and has many variables that are taken into consideration.

- The level of coverage you are eligible for on a pre-tax basis (excluding any domestic partner/domestic partner children)
- The level of coverage you are requesting (including domestic partner/domestic partner children),
- Your premium bracket (what salary band you are in), and
- Which plan(s) you are covering your domestic partner for

The outcome of these calculations is a range from \$300 to \$550 of includible income per pay period. Covering just a domestic partner will result in a smaller imputed income figure than covering a domestic partner and their children, for example.

Your tax rate is another important part of the final impact of enrolling your domestic partner.

Because of the complexity of the calculations and the need to do them one by one, we cannot provide a more specific answer for employees until they are enrolled.

Are there any situations where Imputed Income would not apply to a domestic partner?

Yes. You can avoid imputed income if you meet ALL of the following requirements under Internal Revenue Code (IRC) Sections 105 and 152:

1. You live together for the full taxable year from January 1 to December 31;
2. Your domestic partner is a U.S. citizen, U.S. national, or a resident of the U.S., Canada or Mexico;
3. Your domestic partner will receive more than half of his or her support from you during the current tax year; AND
4. Your domestic partner is not your “qualifying child” nor anyone else’s “qualifying child.”

To do so, you’ll need to complete form 3027 and include it with your enrollment paperwork.

How often do I need to complete the Declaration that Enrolled Dependent Meets IRS Requirements for Tax-Favored Health Premium Contributions (Form 3027)?

IRS Section 152 dependent status must be re-declared and a new declaration of tax status form 3027 must be filed with HR-Benefits each tax year. LANS will assume your Medical Dependent (and/or their children) do not qualify as your tax dependent for tax-free lab sponsored health insurance (thus premiums are subject to imputed income) unless a declaration of tax status form 3027 is completed each year.

Can I use my Flexible Spending Arrangements (Health Care Reimbursement Account, Dependent Care Reimbursement Account) for my Domestic Partner or their child(ren)?

No, unless the individual can be claimed as a dependent on your taxes (please visit [IRS Publication 501](#)).

Can I cover my domestic partner as a dependent on my coverage if they also work here?

Yes, but only if they do not have employee coverage or are covered as a dependent of another employee. Because of the tax implications, however, it may be to your benefit for each of you to maintain separate coverage due to the Imputed Income you would pay. Please consult with your tax advisor.

How do I drop my domestic partner from coverage if our partnership ends?

Complete Form 1925c, *Termination of Domestic Partnership*, and submit it along with Form 1751a, *Benefits Enrollment form*, within 31 days of the termination of domestic partnership. It is your responsibility and obligation to remove any dependents who cease to be eligible within 31 days. If your partnership ends, your former domestic partner and/or their covered children will be eligible for COBRA continuation coverage under the health benefits, but only if the required notice is provided (please refer to the Summary Plan Description for information about COBRA coverage).