

GOVERNMENT OF THE DISTRICT OF COLUMBIA
D.C. Department of Human Resources

District Personnel Manual Issuance System

E-DPM Instruction No. 21B-13

This instruction may be accessed electronically at www.dchr.dc.gov, by clicking on the "District Personnel Manual" link; and the "Issuances" link for DPM Chapter(s) **21B**

SUBJECT: Optional Health Insurance Coverage under the Health Care Benefits Expansion Act of 1992 (Domestic Partnership), as Amended

Date: May 22, 2009

NOTE: This Electronic-District Personnel Manual (E-DPM) instruction supersedes DPM Instruction No. 21B-10, *Optional Health Insurance Coverage under the Health Care Benefits Expansion Act of 1992 (Domestic Partnership)*, dated November 8, 2006.

1. Purpose

This E-DPM instruction:

- a. Provides guidance on the procedures for the enrollment of eligible District government employees and their domestic partners and their dependent(s) in the *District of Columbia Employees' Health Benefits Program (DCEHB)*; and
- b. Provides a revised *Affidavit of Domestic Partnership for Health Benefits Enrollment* (copy attached).

2. Authority

- The "Health Care Benefits Expansion Act of 1992," effective June 11, 1992 (D.C. Law 9-114; D.C. Official Code § 32-701 *et seq.*), as amended by the "Health Care Benefits Expansion Amendment Act of 2006," effective April 4, 2006 (D.C. Law 16-82; D.C. Official Code § 32-706);
- Section 2129 of Chapter 21, Health Benefits, of Title 6 of the District of Columbia Municipal Regulations (DCMR); and
- Chapter 80, Domestic Partnership, of Title 29 of the DCMR.

Note: E-DPM instructions that are strictly procedural in nature have direct applicability only to agencies and employees under the personnel authority of the Mayor. Other personnel authorities or independent agencies may adopt any or all of these procedures or guidance materials for agencies and employees under their respective jurisdictions.

Inquiries: Benefits & Retirement Administration, DCHR (202) 442-9700

Distribution: Heads of Departments and Agencies, HR Advisors, and DPM Subscribers

Retain Until Superseded

3. General Provisions

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| <ul style="list-style-type: none">• A person first employed by the District government <u>on or after October 1, 1987</u> who is eligible for health benefits coverage under the <i>DCEHB</i> may elect to enroll his or her <u>domestic partner</u> and the dependent children of the domestic partner in the <i>DCEHB</i>. |
| <ul style="list-style-type: none">• An eligible employee shall pay <u>25%</u> of the cost of family health insurance coverage for the domestic partner or family members, and the District government shall pay the remaining <u>75%</u>. |

4. Exclusions

The provisions in this E-DPM instruction do not apply to District government employees eligible for coverage under the Federal Employees' Health Benefits Program (FEHB).

5. Definitions

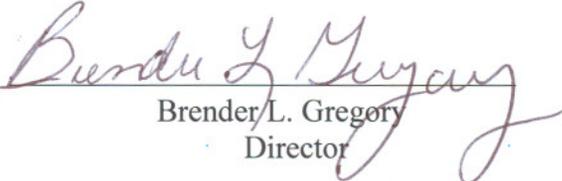
- **Domestic partner** – a person with whom an employee maintains a committed relationship and who has registered the domestic partnership with the Department of Health (DOH).
- **Committed relationship** – a familial relationship between two (2) individuals characterized by mutual caring and the sharing of a mutual residence.
- **Dependent child of a domestic partner** – an unmarried person under 22 years of age who is a full-time student, or an unmarried person regardless of age who is incapable of self-support because of a mental or physical disability that existed before age 22. This definition includes a natural child, adopted child, stepchild, foster child, or child in the legal custody of a domestic partner.

6. Provisions

- a. A District government employee eligible for the *DCEHB* may elect to enroll his or her domestic partner and the dependent children of the domestic partner upon employment or once annually during the *DCEHB* Program open enrollment period.
- b. An employee newly registered in a domestic partnership is eligible to enroll his or her domestic partner and dependents in the *DCEHB* within 31 days of the date the domestic partnership registration is issued by the DOH.
- c. An eligible employee will be required to have a valid domestic partner registration signed by both partners in order to enroll in the *DCEHB*. The employee must present the valid domestic partner registration obtained from the DOH and complete the *Affidavit of Domestic Partnership for Health Insurance Benefits*.
- d. Proof of the dependency of a child of a domestic partner will be required. The

employee must present a birth certificate or other legal document demonstrating legal custodial care.

- e. An employee who enrolls a domestic partner for health insurance coverage under *DCEHB* will pay 25% of the cost of the health insurance premium for his or her domestic partner and eligible dependent child(ren), and the District government will pay the remaining 75%. The health insurance premiums will be deducted on an after-tax basis directly from the employee's paycheck.
- f. Health benefits for a domestic partner and dependents will be terminated upon the death of the employee.
- g. Upon termination of District government service of the eligible employee, the domestic partner and his or her dependents may be eligible for Temporary Continuation of Coverage (TCC). The cost for the TCC will be the total cost of the premium plus an additional 2% administrative fee.
- h. Each employee must provide written notice to his or her Benefits Representative if there are any changes of circumstances attested to in the affidavit.
- i. A domestic partnership may be terminated, with or without the consent of both partners, by filing a termination of domestic partnership statement with the DOH Registrar. The termination of the domestic partnership statement filed will become effective 6 months after the date the statement is filed with the DOH Registrar.
- j. An employee who files for termination of a domestic partnership as specified in Paragraph 6 (i) above must notify his or her Benefits Representative within 30 days of the filing. Health benefits enrollment of the domestic partner and his or her dependents will continue, at the cost specified in Paragraph 6 (e) above, during the 6 months that the termination of the domestic partnership is pending, provided District government employment is maintained. Neither partner may apply for a new certificate of domestic partnership while the termination of the domestic partnership is pending. However, in the event of the death of a domestic partner, the waiting period will not apply.
- k. The D.C. Department of Human Resources is responsible for processing and ensuring completeness of the employee's application for domestic partnership health insurance coverage under the *DCEHB*.


Brender L. Gregory
Director

Attachment:

- *District of Columbia Employees' Health Benefits Program – Affidavit of Domestic Partnership for Health Benefits Enrollment (Rev. 5/09)*



District of Columbia Employees' Health Benefits Program –
Affidavit of Domestic Partnership for Health Benefits Enrollment

DCEHB

Name: _____
(PRINT: Last, First, MI)

Address: _____

Phone: _____ Agency: _____ Social Security #: _____

Section I:

I, _____, and _____,
(Employee – Print Name: Last, First, MI) (Domestic Partner – Print Name: Last, First, MI)

_____, are domestic partners, and we:
(Social Security #)

- Share an exclusive, committed relationship that has been in existence for at least 1 year;
- Have registered the domestic partnership with the Department of Health (DOH);
- Are at least 18 year of age;
- Are unmarried;
- Are competent to contract; and
- Are jointly financially responsible for *basic living expenses (defined as the cost of basic food, shelter, and any other expenses of a domestic partnership, which are paid at least in part by a benefit or program for which the partner qualified because of the domestic partnership).

***NOTE:** Domestic partners need not contribute equally or jointly to the cost of these expenses, as long as they agree that both are responsible for the cost. Documentation must be provided that clearly indicates joint financial responsibility.

Section II:

1. I understand that my domestic partner and his/her dependent child(ren) is/are eligible for enrollment only during open enrollment periods, or at the time of my hire with the District government.
2. I understand that I will assume 25% of the cost of family health insurance coverage for my domestic partner or family members of my domestic partner, and that the District government shall pay the remaining 75%.
3. I understand that this Affidavit shall be terminated upon the death of my domestic partner, or by a change in circumstance attested to in this affidavit.

(OVER)

(CONTINUATION)

4. I agree to provide written notice to the Benefit Representative within the D.C. Department of Human Resources (DCHR) if there is any change to the circumstances attested to in this Affidavit, within 30 days of the change. I understand, however, that I will remain responsible for the payment of 25% of the premiums for health benefits coverage for my domestic partner and any dependents for a six (6) month period following the dissolution of the relationship.
5. After termination of this Affidavit, I understand that another Affidavit of Domestic Partnership for Health Insurance Benefits cannot be filed until the end of a six (6) month period following termination of domestic partnership.

Section III:

1. We understand that the information contained in this Affidavit will be held confidential and will be subject to disclosure only upon our express written authorization, or as required by law.
2. We understand that a civil action may be brought against us for any losses, including reasonable attorney fees and court costs, because of willful falsification of information contained in this Affidavit of Domestic Partnership for Health Benefits Enrollment.
3. We understand that, in addition to the eligibility requirements of the District government for the purpose of domestic partner's health benefits coverage, there are terms and conditions of coverage set forth in the Service Agreement that the health care plan offered through the various health insurance plans to which we agree to be bound by.
4. We understand that willful falsification of information contained in this Affidavit may result in termination of our enrollment by the health care plan we select for coverage.
5. We also certify under penalty of perjury under the laws of the District of Columbia, that the foregoing is true and accurate to the best of our knowledge.

Signature of Employee

Date

Signature of Domestic Partner

Date

Acknowledgment of Receipt (DCHR Director or Designee)

Date