

# Domestic Partner Group Insurance Benefits

(updated 05/24/2010)

Members interested in enrolling a same-sex domestic partner should read the following information carefully as there **could be significant tax consequences** upon enrolling a domestic partner.

## **Who is Eligible for the Domestic Partner Benefit?**

The AFSCME agreement of July 2004 negotiated health benefits for employees who have an eligible same-sex domestic partner. Effective July 1, 2006, unrelated, same-sex individuals who reside in the same household and have a financial and emotional interdependence consistent with that of a married couple for a period of not less than one year and continue to maintain such arrangement are eligible for medical, dental and vision benefits through the State Employees Group Insurance Program. The minimum age of a domestic partner is 19 years old. Neither the member, nor the domestic partner, may be married at the time of enrollment. If either partner gets married at any time after the enrollment, the domestic partner's coverage must be terminated. If both parties are State members, one may not waive coverage as a member to become a dependent of the other member. Please note, dependent children of the domestic partner cannot be added to the member's coverage unless the member legally adopts or obtains legal guardianship of the children.

All agencies under the jurisdiction of the Governor are eligible for the domestic partner benefit. All other agencies, boards, commissions, state officers, universities and retirement systems were given the option to extend the benefit to employees. Members interested in the domestic partner benefit should contact the agency Group Insurance Representative (GIR) in the Benefits Office to verify participation of their employer.

## **What coverage is available for a Domestic Partner?**

Group health coverage, including medical, prescription, dental and vision, is available for domestic partners of eligible members. Domestic partners are NOT eligible for life coverage and may not participate in the Flexible Spending Accounts (FSA) Program, Adoption Benefit Program or the Smoking Cessation Program. Domestic partners are not eligible for survivor benefits through the retirement system.

Domestic partners enrolled in the State Employees Group Insurance Program are subject to the same pre-existing conditions, deductibles, family caps, etc. as any other dependent.

## **Criteria to add a Domestic Partner**

In order to enroll a domestic partner in the State Employees Group Insurance Program, a member must provide proof of eligibility. The following eligibility requirements must be met:

- The member must be enrolled in a health plan under the State Employees Group Insurance Program, and
- The member and the domestic partner must be each other's sole domestic partner and intend to remain so indefinitely, responsible for each other's common welfare, and
- The domestic partner must be at least 19 years of age, the same sex as the member, must reside at the same residence of the member for at least twelve (12) months prior to filing the Domestic Partnership Affidavit and intend to do so indefinitely and must be mentally competent to consent to this affidavit, and

- The member and domestic partner must share a committed and mutually dependent relationship with each other that is similar to that of a married couple, and
- Neither the member nor the domestic partner can be married or legally separated (if the member or the domestic partner were previously married, proof of dissolution of marriage is required), and
- The member and the domestic partner must be jointly responsible for each other's common welfare and share financial obligations, which may be demonstrated by the existence of at least two supporting documents (see 'Documents Necessary to Prove Domestic Partner Relationship').

### **Domestic Partnership Affidavit**

In order for members to enroll a domestic partner, a Domestic Partnership Affidavit (CMS-510) must be completed and submitted, along with the supporting documentation, to the agency GIR.

### **Children of a Domestic Partner**

Dependent children of a domestic partner are not eligible for coverage under the State of Illinois unless the member has legally adopted the dependents or is their legal guardian. Court documentation is required to prove the guardianship or adoption.

### **Enrollment Periods**

An eligible member may add a domestic partner to coverage during one of the three enrollment opportunities:

- **Initial Hire** – Members must submit the appropriate paperwork and supporting documentation within 10 days of initial hire.
- **Benefit Choice Period** – Members must submit the appropriate paperwork and supporting documentation during the Benefit Choice Period.
- **Qualifying Change in Status** – Members must submit the appropriate paperwork and supporting documentation within 60 days of the eligible qualifying change in status. Examples of a qualifying change in status include, but are not limited to, the domestic partner's loss of other coverage, a significant change in the domestic partner's current health insurance premium amount, the coordination of a domestic partner's open enrollment period, the domestic partner becoming eligible for Medicare, the finalization of the member or domestic partner's divorce or the one year anniversary of the domestic partner relationship.

### **Effective Dates of Coverage**

**Initial Hire** – Members who add a domestic partner to their coverage within 10 days of initial hire will have coverage effective the date of hire.

**Benefit Choice Period** – Members who add a domestic partner during the Benefit Choice Period will have coverage effective July 1<sup>st</sup>.

**Qualifying Change in Status** – Members who request domestic partner coverage mid-year due to experiencing an eligible qualifying change in status will have coverage effective the first day of the pay period following the signature date on the Domestic Partner Enrollment Form. If the qualifying event is that the domestic partner lost other coverage, coverage may be effective the date of the loss of other coverage if requested prior to losing that coverage.

## **Enrollment Forms and Documentation**

Members seeking to enroll a same-sex domestic partner must complete a Domestic Partnership Affidavit, a Domestic Partner Enrollment Form, provide a copy of the domestic partner's birth certificate or driver's license/State identification card and documentation that serves as proof of the relationship (see 'Documentation Necessary to Prove Domestic Partner Relationship' below).

- **Member Responsibility**

The member must give the completed forms and documentation to the agency Group Insurance Representative (GIR).

- **Group Insurance Representative (GIR) Responsibility**

The GIR will complete the "Benefits Staff Use Only" section of the forms and forward to the Group Insurance Division (GID) at the Department of Central Management Services, along with the supporting documentation.

- **Group Insurance Division (GID) Responsibility**

Upon receipt, the Group Insurance Division (GID) will evaluate the domestic partner forms and documentation. Once approved, the enrollment will be processed. The member and GIR will be notified via receipt of a Verification Form from GID once the enrollment is processed on the system.

If the domestic partner qualifies as an IRS tax dependent, the agency will contact payroll to change the member's insurance deductions, if applicable (see 'Premium Payment of Domestic Partner Coverage' below). If the domestic partner does not qualify as an IRS tax dependent, the Premium Collection Unit at CMS will bill the member for the premium amount due for the domestic partner's coverage.

If the documentation is rejected based upon incomplete or improper forms or documentation, the member will be sent a letter and the GIR will receive a copy.

## **Documentation Necessary to Prove the Domestic Partner Relationship**

The member and the domestic partner must be jointly responsible for each other's common welfare and share financial obligations, which may be demonstrated by the existence of supporting documentation. The member must provide at least two forms of documentation from the list below, with the exception of the Cook County Domestic Partnership Certificate, which may be the sole form of documentation submitted.

**The documentation requirements below are in addition to either the birth certificate or Driver's License/State ID of the domestic partner:**

- ❑ **Cook County Domestic Partnership Certificate** - Members eligible to register with the Cook County Registry for same-sex couples may submit the Cook County Domestic Partnership Certificate in lieu of providing two items.
- ❑ Bank statement indicating joint ownership of a bank account
- ❑ Same-sex marriage certificate
- ❑ Joint ownership or holding of investments
- ❑ Ownership of a joint credit card
- ❑ A joint mortgage or lease
- ❑ Evidence of a joint obligation on a loan
- ❑ Mutually granted durable power of attorney
- ❑ Joint ownership of a residence
- ❑ Affidavit by a creditor able to testify to the partner's financial interdependence

- ❑ Evidence of a common household (e.g. utility bills, joint public assistance, telephone bills)
- ❑ Joint ownership or lease of a motor vehicle
- ❑ Evidence of other joint responsibility, such as child care (e.g., school documents, guardianship)
- ❑ Designation of one partner as the representative payee for the other's government benefits
- ❑ Mutually granted authority to make healthcare decisions (e.g., healthcare power of attorney)
- ❑ Authorized signatory authority on the partner's bank account, credit card or charge card
- ❑ Other proof establishing economic interdependence
- ❑ Beneficiary designation under the other's life insurance policy, retirement benefits account, will or executor of each other's will

### Who is a Tax Dependent?

A same-sex domestic partner can qualify as the member's tax dependent under Internal Revenue Code Section 152(a), only if:

- For the entire calendar year, he or she lives with the member as a resident of the household the member maintains and occupies, and
- During the calendar year, the member provides more than half of his or her total support (see 'Determining Support Amount for Tax Purposes' below), and
- The domestic partner earned less than the allowable exemption amount (\$3650.00 for the 2009 tax year), and
- Cannot be claimed as a dependent of another taxpayer.

### Determining Support Amount for Tax Purposes

**Members should consult with a tax advisor regarding tax consequences.** As a general rule, a member must provide more than half of the total support of a domestic partner in order to claim them as a tax dependent. Members interested in enrolling a domestic partner should use the support worksheet in IRS Publication 501 (Exemptions, Standard Deduction and Filing Information) to determine the amount of support they provide. In general, members should compare the amount of support they provide for the domestic partner versus the amount of support the domestic partner receives from all sources, including the support provided by the member, social security, welfare payments and the support the domestic partner supplies for himself or herself. Support includes food, shelter, clothing, medical and dental care, education and the like.

### Taxes and Domestic Partner Coverage

There are strict regulations that must be met for a domestic partner to qualify as a tax dependent. Under federal tax law, if a same-sex domestic partner **does not qualify** as the member's tax dependent as defined by the IRS (see 'Who is a Tax Dependent'), the portion of the premium paid by the State of Illinois for the domestic partner's coverage will be added to the member's annual gross income that is subject to federal income tax withholding and employment taxes and will be reported on a W-2 form at the end of each calendar year. The IRS refers to this as imputed income.

Members who indicate on the Domestic Partner Enrollment Form that the domestic partner is a tax dependent must provide a copy of the most recent year's income tax return. No portion of the premiums paid for a tax dependent by the State of Illinois will be imputed income for the member.

Members who have a domestic partner who qualifies as a tax dependent, but then loses that status (i.e., the domestic partner earns more than the \$3650 in the 2009 tax year), will need to contact their GIR to have the relationship code of the domestic partner changed and will have imputed income for the portion of the tax year in which the domestic partner was not a tax dependent.

### **Premium Payment of Domestic Partner Coverage**

- **Domestic Partner Qualifies as IRS Tax Dependent**

Premium deductions for the coverage of a domestic partner who qualifies as an eligible tax dependent under the IRS tax code will be on a pre-tax basis and will be payroll deducted the same as for any other dependent coverage.

- **Domestic Partner Does Not Qualify as an IRS Tax Dependent**

The premium for the coverage of a domestic partner who does not qualify as an IRS-tax dependent is the 'One Dependent' premium amount, regardless of the number of dependents on the member's coverage. Until July 1, 2009, the member will be direct billed monthly for the premium amount due by the Premium Collection Unit at the Department of Central Management Services. If premiums are not paid by the due date indicated on the final notice bill, the domestic partner's coverage will be terminated for non-payment of premium with a current effective date. CMS will then direct the Office of the Comptroller to begin involuntary withholding to collect the delinquent premium. Members whose domestic partner coverage was terminated for non-payment of premium may re-enroll their domestic partner during the next annual Benefit Choice Period provided all outstanding premiums have been paid, plus the premiums for the month of July. Effective July 1, 2009, premiums will be deducted on a post-tax basis through the member's payroll.

### **Premiums and Imputed Income**

The FY2010 premiums and imputed income amounts for full-time employees are indicated on page 7. Part-time employees who are responsible for a portion of their premium should contact the Group Insurance Representative at their agency to determine the premium and imputed income amounts for which they will be responsible.

### **Annual Certification Process**

Each year, members whose domestic partner is an IRS-qualified dependent according to CMS Group Insurance records, will receive a Certification Statement from CMS. The member must complete the statement certifying whether or not the domestic partner continues to meet IRS eligibility requirements.

The document requires the member to indicate one of the following three options:

- continue to cover the domestic partner as an IRS-qualified dependent (member must provide a copy of the latest tax return indicating the domestic partner was claimed as a dependent)
- continue to cover the domestic partner on their coverage as a non-IRS dependent
- terminate the domestic partner's coverage

If the member fails to return the Certification Statement by the due date, indicating the appropriate IRS status, coverage will be terminated.

Coverage may be reinstated without a break if the request is received by CMS within 30 days of the termination date. If the request is received after the 30-day period, the member must wait until the following Benefit Choice Period or until an eligible qualifying change in status occurs to re-enroll the domestic partner.

### **Termination of Domestic Partner Coverage**

If at any time the domestic partner becomes ineligible for benefits, it is the member's responsibility to notify their agency Group Insurance Representative (GIR). The member must complete, sign and submit a Termination of Group Insurance Coverage for Domestic Partner form to the agency GIR. Domestic partner coverage may be terminated only upon the member or domestic partner experiencing an eligible qualifying change in status. COBRA coverage will be offered to only domestic partners who were eligible as a tax dependent under the IRS rules.

- **Marriage:** In the event the member or the domestic partner gets married to an opposite-sex partner, the domestic partner's coverage will be terminated the date of the marriage. If the member fails to notify their agency GIR within 60 days of the domestic partner's ineligibility for coverage (for any reason), a premium refund will not be made.
- **Relationship Ends:** Following the termination of a domestic partner relationship, a minimum of twelve (12) months must elapse before another domestic partner may be added to the member's coverage. This time period also applies to any domestic partner previously covered under the Group Insurance Program.

## FY10 Non-IRS Domestic Partner

### Monthly Premiums and Imputed Income Amounts (Effective July 1, 2009)

The premiums indicated below are for a non-Medicare primary Domestic Partner.  
Contact your agency Group Insurance Representative if you need the Domestic Partner Medicare rates.

Plan Name	Premium	Imputed Income
Health Alliance HMO	\$ 94.00	\$359.96
Health Alliance Illinois	\$103.00	\$422.68
HealthLink Open Access Plan	\$105.00	\$391.42
HMO Illinois	\$ 83.00	\$300.78
Humana Benefit Plan of IL	\$ 92.00	\$387.08
Humana Benefit Plan of Winnebago	\$107.00	\$389.50
PersonalCare	\$ 92.00	\$343.48
Unicare HMO	\$ 82.00	\$316.60
Quality Care Health Plan - CIGNA	\$196.00	\$511.42
Quality Care Dental Plan Employee rate	\$ 6.00	\$ 17.84
Quality Care Dental Plan Annuitant/Retiree and Survivor rate	\$ 0.00	\$ 23.84

**NOTE:** The Premium and Imputed Income amounts quoted above are for full-time employees, annuitants/retirees and survivors. Annuitants/retirees and survivors who are required to pay a percentage of the cost for basic health coverage and part-time employees should contact their Group Insurance Representative for the exact premium and imputed income amount.

# FY11 Non-IRS Domestic Partner

## Monthly Premiums and Imputed Income Amounts (Effective July 1, 2010)

The premiums indicated below are for a non-Medicare primary Domestic Partner.  
Contact your agency Group Insurance Representative if you need the Domestic Partner Medicare rates.

<b>Plan Name</b>	<b>Premium</b>	<b>Imputed Income</b>
Health Alliance HMO	\$ 94.00	\$399.72
Health Alliance Illinois	\$103.00	\$502.20
HealthLink Open Access Plan	\$105.00	\$480.74
HMO Illinois	\$ 83.00	\$348.32
Humana Health Plan	\$ 92.00	\$432.60
Humana - Winnebago	\$107.00	\$423.34
PersonalCare	\$ 92.00	\$377.44
Quality Care Health Plan - CIGNA	\$196.00	\$608.42
Quality Care Dental Plan	\$ 6.00	\$ 21.58

**NOTE:** The Premium and Imputed Income amounts quoted above are for full-time employees, annuitants/retirees and survivors. Annuitants/retirees and survivors who are required to pay a percentage of the cost for basic health coverage and part-time employees should contact their Group Insurance Representative for the exact premium and imputed income amount.

State of Illinois  
Group Insurance Program  
**Domestic Partnership Affidavit**

**I. DECLARATION**

We, \_\_\_\_\_ and \_\_\_\_\_  
(Member – PRINT NAME) (Domestic Partner – PRINT NAME)

certify and declare that we are domestic partners in accordance with the following criteria and are eligible for Medical, Pharmacy, Dental and Vision benefits under the State of Illinois Employees Group Insurance Program. We understand that life coverage for a Domestic Partner is not an option under the State of Illinois Employees Group Insurance Program.

**II. DOMESTIC PARTNER CRITERIA**

1. We are each other's sole domestic partner and intend to remain so indefinitely.
2. We understand that if the Domestic Partner's coverage is terminated due to non-payment of premium, the Member cannot re-enroll the Domestic Partner until the next Benefit Choice Period.
3. Neither of us is currently married or legally separated.
4. We are at least nineteen (19) years of age and mentally competent to consent to this affidavit.
5. We have continuously resided together in the same residence for at least twelve (12) months and intend to do so indefinitely.
6. We are unrelated and share a committed and mutually dependent relationship with each other that is consistent with that of a married couple.
7. We are the same sex and for this reason are unable to marry each other under Illinois law.
8. We are jointly responsible for each other's common welfare and share financial obligations, which may be demonstrated by the existence of at least two of the documents from Section V or a Cook County Domestic Partnership Certificate.

**III. TAX CONSEQUENCES OF DOMESTIC PARTNER AS A DEPENDENT**

We understand that it is our responsibility to consult a tax advisor before certifying that the Domestic Partner is a dependent as defined by the Internal Revenue Code. We understand that by answering "YES, my Domestic Partner qualifies as my dependent for Federal income tax purposes" on the Domestic Partner Enrollment form, contributions made for the Domestic Partner's coverage will be on a pre-tax basis and will not be reported as imputed income on the Member's W2. We understand that by answering "No, my Domestic Partner does not qualify as my dependent for Federal income tax purposes," contributions made for the Domestic Partner's coverage will be on a post-tax basis and will be reported as imputed income on the Member's W2.

#### IV. CHANGE IN DOMESTIC PARTNERSHIP

1. We understand that we are required to notify the State of Illinois within thirty-one (31) days of a change in our status as domestic partners as required by submitting a Termination of Group Insurance Coverage for Domestic Partner form to the agency Group Insurance Representative (GIR).
2. We understand that if we elect to terminate the Domestic Partner's coverage for such reasons as the Domestic Partner becoming eligible for other coverage, or the Domestic Partner becomes ineligible for the State of Illinois Group Insurance Program (for example, relationship terminates, either partner marries, etc.), coverage under the Program will be terminated as of the signature date on the Termination of Group Insurance Coverage for Domestic Partner form.

#### V. DOMESTIC PARTNER DOCUMENTATION

**Supporting Documentation - Please check two boxes and attach the supporting documents OR, if you have registered with the Cook County Registry and have received a Cook County Domestic Partnership Certificate, you need only check that box and submit a copy of the Certificate.**

**The documentation requirements below are in addition to either the Birth Certificate or Driver's License/State ID of the Domestic Partner.**

- Cook County Domestic Partnership Certificate** - Chicago members eligible to register with the Cook County Registry for same-sex couples may submit the Cook County Domestic Partnership Certificate in lieu of providing two of the items listed below.
- Bank statement indicating joint ownership of a bank account
- Ownership of a joint credit card
- Same-sex marriage certificate
- A joint mortgage or lease
- Evidence of a joint obligation on a loan
- Mutually granted durable power of attorney
- Joint ownership of a residence
- Affidavit by a creditor able to testify to the partner's financial interdependence
- Evidence of a common household (e.g. utility bills, joint public assistance, telephone bills)
- Joint ownership or lease of a motor vehicle
- Evidence of other joint responsibility, such as child care (e.g., school documents, guardianship)
- Designation of one partner as the representative payee for the other's government benefits
- Mutually granted authority to make health care decisions (e.g., health care power of attorney)
- Authorized signatory authority on the partner's bank account, credit card or charge card
- Other proof establishing economic interdependence
- Beneficiary designation under the other's life insurance policy, retirement benefits account, or will, or executor of each other's will

**VI. ACKNOWLEDGEMENTS**

1. We understand that any person/employer/insurer/claims administrator who suffers any loss due to false statements contained in this Affidavit may bring civil action against either or both of us to recover their losses, including reasonable attorney's fees.
  
2. We have provided the information in this Affidavit for use by the Group Insurance Division of the State of Illinois for the sole purpose of determining eligibility for domestic partner benefits. We understand that this information will be held confidential and will be subject to disclosure only upon our express written authorization, pursuant to a court order or if there is a compelling-business need to have access to the information.
  
3. We understand that this Affidavit may have legal implications relating to, for example, our ownership of property or taxability of benefits provided, and that before signing this Affidavit, it is our responsibility to seek competent legal and accounting advice concerning such matters.
  
4. We agree to reimburse the State of Illinois for any and all liability including, without limitation, taxes, penalties or losses (including reasonable attorney's fees), that the State of Illinois may incur arising out of its reliance on this affidavit if it is untrue in any respect or if the required notice of termination is not filed.

We declare, under penalty of perjury under the laws of the State of Illinois that the assertions in this Affidavit are true to the best of our knowledge.

Member and Domestic Partner's Address \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Member Signature \_\_\_\_\_ Date \_\_\_\_\_

Member Date of Birth \_\_\_\_\_ Member SSN \_\_\_\_\_

Domestic Partner Signature \_\_\_\_\_ Date \_\_\_\_\_

Domestic Partner Date of Birth \_\_\_\_\_ Domestic Partner SSN \_\_\_\_\_

<b>BENEFITS STAFF USE ONLY</b>		
GIR Name: _____		Date: _____
<input type="checkbox"/> Birth Certificate attached    Or    Driver's License/State ID attached		
Documentation Meets Requirements	<input type="checkbox"/> YES	<input type="checkbox"/> NO
If documentation does not meet requirements, indicate reason on lines below: _____ _____		
GID Signature: _____		Approval Date: _____

# State of Illinois Group Insurance Program Domestic Partner Enrollment Form

## Member Information (please print):

Name: \_\_\_\_\_ SSN: \_\_\_\_\_ Date Partnership Began: \_\_\_\_\_

## Domestic Partner Information:

Name: \_\_\_\_\_ SSN: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Provider Identifier: \_\_\_\_\_  
(complete if enrolled in a managed care plan)

## Other Coverage:

Is the Domestic Partner covered by any other health insurance?  Yes  No Effective Date: \_\_\_\_\_

If yes, name of Insurance Company: \_\_\_\_\_ Insurance Company Policy Number \_\_\_\_\_

Is the Domestic Partner currently covered under a State of Illinois medical plan?  Yes  No

## Medicare Information:

Is the Domestic Partner receiving Medicare?  Yes  No (if yes, a copy of the Domestic Partner's Medicare card must be provided to your agency GIR)

If yes, check one:  Part A Eff. Date: \_\_\_\_\_  Part B Eff. Date: \_\_\_\_\_  
 Part A & B Eff. Date: \_\_\_\_\_  Part D Eff. Date: \_\_\_\_\_

On what is the Domestic Partner's Medicare eligibility based?  Age  Disability  End Stage Renal Disease

## IRS Dependent Tax Status:

Please consult a tax advisor before you certify that the Domestic Partner is a dependent as defined by the Internal Revenue Code. If your answer is YES, you will not be taxed on imputed income for the Domestic Partner's premiums paid by the State of Illinois and contributions made for the Domestic Partner's coverage will be on a pre-tax basis.

### Please check one:

- No, my Domestic Partner does not qualify as my dependent for Federal income tax purposes.
- Yes, my Domestic Partner qualifies as my dependent for Federal income tax purposes (member must provide a copy of the most recent year's tax statement with this enrollment form).

Member Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Day Time Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

## BENEFITS STAFF USE ONLY

GIR Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Agency Org Proc Code: \_\_\_\_\_

Benefit Choice  Initial Enrollment  Qualifying Change in Status, Reason \_\_\_\_\_

GID Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Effective Date: \_\_\_\_\_ Rel. Code: \_\_\_\_\_

State of Illinois  
Group Insurance Program  
**Termination of Group Insurance Coverage for  
Domestic Partner**

**Termination of Domestic Partnership Affidavit**

I, \_\_\_\_\_, submit this Termination of Domestic  
(Member)

Partnership Affidavit in order to terminate the Domestic Partnership Affidavit previously filed  
with respect to \_\_\_\_\_.  
(Domestic Partner)

I understand that the effect of filing this Termination of Domestic Partnership Affidavit is that my  
Domestic Partner will no longer be covered under the State of Illinois Employees Group  
Insurance Program and that the termination will be effective the date of the request.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Termination of Domestic Partner's  
Group Insurance Coverage**

I wish to terminate my Domestic Partner's enrollment in the State of Illinois Employees Group  
Insurance Program due to my Domestic Partner (check one):

- Becoming eligible for other group insurance coverage on \_\_\_\_\_.
- Getting married on \_\_\_\_\_.
- Death that occurred on \_\_\_\_\_.
- Other – Please specify reason: \_\_\_\_\_  
\_\_\_\_\_.

I understand that the effect of filing this Termination of Domestic Partner's Group Insurance  
Coverage is that my Domestic Partner will no longer be covered under the State of Illinois  
Employees Group Insurance Program and that the termination will be effective the date of the  
event.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**BENEFITS STAFF USE ONLY**

GIR Name: \_\_\_\_\_ Date: \_\_\_\_\_

Effective Date of Termination: \_\_\_\_\_ Termination Code: \_\_\_\_\_