

# Domestic Partner Eligibility Documentation Requirements

Relationship	Documentation Requirements
Domestic Partner A copy of the Domestic Partnership Affidavit is available on the Open Enrollment Web site at <a href="http://www.dadeschools.net">www.dadeschools.net</a> .	Affidavit of Domestic Partnership and any two of the following: <ul style="list-style-type: none"> <li>• Joint mortgage or lease of residence</li> <li>• Joint ownership of a motor vehicle</li> <li>• Joint bank or investment account</li> <li>• Joint credit card or other financial responsibility</li> <li>• Will naming the partner as the beneficiary</li> <li>• Life Insurance policy naming the partner as the beneficiary</li> <li>• Assignment of durable power of attorney or healthcare proxy</li> </ul>
Children of Domestic Partner	Birth Certificate (must list Domestic Partner as a parent) and Domestic Partner documentation as defined above. <b>NOTE:</b> Domestic Partners must be included in coverage. You must select "Employee and Domestic Partner with children" coverage.
Grandchildren of Domestic Partner	Birth Certificate (must list Domestic Partner's child as a parent) and children of Domestic Partner documentation as defined above. <b>NOTE:</b> Domestic Partners must be included in coverage. You must select "Employee and Domestic Partner with children" coverage.  Legal Custody or Guardianship documentation

## Important Information

Proof of eligibility must be provided for Domestic Partner and all listed Children or Grandchildren of Domestic Partner (Include this form with the required documentation).

Employee Number \_\_\_\_\_  
 Employee Name \_\_\_\_\_  
 Social Security Number \_\_\_\_\_

**PRINT AND RETURN BY U.S. MAIL TO:**

Office of Risk & Benefits Management  
 1501 NE 2nd Avenue, Suite 335  
 Miami, FL 33132

**RETURN BY SCHOOL MAIL TO:**

Work Location 9112, Suite 335

Indicate the relationship of your dependent on the form below.

**DP** = Domestic Partner      **DC** = Child of Domestic Partner      **DGC** = Grandchild of Domestic Partner

Last Name	DEPENDENT NAME (print clearly)		BIRTH DATE	SOCIAL SECURITY #	RELATIONSHIP	GENDER	DOCUMENT PROOF INCLUDED (birth certificate, joint mortgage, etc.)
	First Name	MI					

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

