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 www.dadeschools.net.	Affidavit of Domestic Partnership and any two of the following: • Joint mortgage or lease of residence • Joint ownership of a motor vehicle • Joint bank or investment account • Joint credit card or other financial responsibility • Will naming the partner as the beneficiary • Life Insurance policy naming the partner as the beneficiary • Assignment of durable power of attorney or healthcare proxy
Children of Domestic Partner	Birth Certificate (must list Domestic Partner as a parent) and Domestic Partner documentation as defined above. NOTE: 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. NOTE: Domestic Partners must be included in coverage. You must select "Employee and Domestic Partner with children" coverage.
	Legal Custody or Guardianship documentation

Important Information

Employee Signature_

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	PRINT AND RETURN BY U.S. MAIL TO:
Employee Name	Office of Risk & Benefits Management 1501 NE 2nd Avenue, Suite 335
Social Security Number	· · · · · · · · · · · · · · · · · · ·
	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) First Name	MI	BIRTH DATE	SOCIAL SECURITY #	RELATIONSHIP	GENDER	DOCUMENT PROOF INCLUDED (birth certificate, joint mortgage, etc.)

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Affidavit of Domestic Partnership

The undersigned, being duly sworn, depose and declare as follows:

- We are each eighteen years of age or older and mentally competent.
- We have a close and committed personal relationship, and we are each other's sole domestic partner not married to or partnered with any other spouse, spouse equivalent or domestic partner.
- For at least one year we have shared the same regular and permanent residence in a committed relationship and intend to do so indefinitely.
- We have provided true and accurate required documentation of our relationship.
- Each of us understands and agrees that in the event any of the statements set forth herein are not true, the insurance or Healthcare coverage for which this Affidavit is being submitted may be rescinded and/or each of us shall jointly and severally be liable for any expenses incurred by the employer, insurer or Healthcare entity.
- I understand that, per IRS Section 125, all deductions for employee-paid benefits will be taken on a post-tax basis.
- I understand that I must pay the tax liability on the monthly contribution (dependent subsidy) that the Board pays on my behalf.

Print Name	Print Name				
Signature	Signature				
Sworn to before me this day of	20				
day of	, 20				
NOTARY PUBLIC					

Return To: School Mail: US Mail:

WL 9112 Office of Risk & Benefits Management Suite 335 1501 NE 2nd Avenue., Suite 335

Miami, FL 33132

Fax To: 305-995-1425

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