

Checklist: Domestic Partner Benefits Administration

- Have you verified with your insurance carrier that domestic partners are covered under the existing plan? If not, can the plan be amended?
- Do benefits materials and company policies provide a clear definition of a “domestic partner”?
- Do benefits materials define a “spouse”?
- Do benefits materials clearly define a “child” of a domestic partner?
- Are the rules of benefits eligibility for domestic partners clearly defined?
- Do the eligibility rules define whether coverage will be extended to the children of domestic partners?
- Are there policies or procedures in place to determine that there is a valid domestic partner relationship? Is a signed employee affidavit a part of that process, and does the employer have a process for documenting that it has verified the relationship through any state registry in place for this purpose?
- Is there a policy or procedure in place for terminating the coverage in the event of a death or dissolution of the relationship? Is a signed employee affidavit a part of that process?
- Is the cost of domestic partner coverage included as taxable income to the employee when health coverage is provided to a domestic partner (or to his or her child) who is not the employee’s Code §105(b) tax dependent?
- Have you determined if domestic partner benefits will provide for COBRA coverage?
- Do benefits plan documents consider relevant state laws with regard to what benefits are offered?
- Does the company intend to extend FMLA-like benefits to domestic partners who would not qualify under the definition of a spouse and would not be eligible for federal FMLA leave? Is there a policy or procedure in place to support domestic partners’ FMLA-like needs?
- Have the retirement plans been examined and appropriate amendments made to include domestic partners as an allowable beneficiary?
- Have bereavement policies been reviewed and updated to include domestic partners?