

PALM BEACH COUNTY SCHOOL DISTRICT DOMESTIC PARTNERSHIP ENROLLMENT GUIDELINES

For employees who are residents of Palm Beach, Broward or Miami-Dade County

In order to enroll your domestic partner and your domestic partner's eligible children in the health, dental and/or vision plans, you must provide the documents from Item 1 and Item 2 below to the Risk & Benefits Management Department at 3370 Forest Hill Blvd., Suite A-103, West Palm Beach, Florida 33406. For the forms and requirements of registration and recording, visit the Palm Beach County Government website at www.pbcountyclerk.com/courtservices/circuitcivil/domesticpartner.htm. (This was correct at the time of printing.)

Item 1. Complete, sign and have notarized the enclosed Domestic Partner Affidavit on page 18.

Item 2. Provide proof of registration and recording as domestic partners through the county in which they reside.

For employees who reside outside of Palm Beach, Broward or Miami-Dade County

In order to enroll your domestic partner and your domestic partner's eligible children in the health, dental and/or vision plans, you must complete and send items 1 and 2 plus the additional requirements for group insurance benefits to the Risk & Benefits Management Department at 3370 Forest Hill Blvd. Suite A-103, West Palm Beach, FL 33406.

Item 1. Complete and sign the attached Domestic Partner Affidavit in the presence of a notary. Non tri-county residents must also provide required proof as outlined in the non-resident portion of this affidavit.

Item 2. Provide proof that you and your domestic partner live together and are financially interdependent by submitting a copy of at least one item from each of the lists below.

LIST A	LIST B
Drivers' licenses showing the same address.	Statement(s) from a joint checking account.
Passports showing the same address.	Credit card(s) with the same account number for both names.
Mortgage, lease, deed showing both names.	Designations of each person as authorized signatories for a safe deposit box or joint wills.
Utility bills showing both names.	

Requirements and Information for Group Insurance Benefits:

1. Eligible employees are those employees who are eligible for benefits.
2. You may enroll during annual enrollment or within 30 days of your hire date by completing the online enrollment and providing the required documentation.
3. The domestic partner must be your "sole spousal equivalent." You both must live together in an exclusive committed relationship and assume responsibility for each others basic living expenses.
4. You must meet all requirements of the affidavit on page 18.
5. The non-employee domestic partner and his/her dependents do not have rights to continue coverage under Federal or State laws.

Please list individuals to be enrolled in the insurance program. Please fill in all requested information listed below.

Name (First/Last)	Date of Birth	Relationship DP/CH/ DPC*	Social Security Number	Enrolled in M/D/V**

*Domestic Partner (DP) Employee's Child (CH) Domestic Partner's Child (DPC) **Plan Type: (M)edical, (D)ental, (V)ision
Coverage is subject to satisfying eligibility requirements. Documentation is required for all requests to enroll a dependent.

This form must be received by the Risk & Benefits Management Department by 11/19/2010, for annual enrollment. New employees have 30 days from their hire date to provide this form and any other required supporting documentation to the Risk & Benefits Management Department.

Mail the requested information to:
Palm Beach County School District
Risk & Benefits Management Department
3370 Forest Hill Boulevard
Suite A-103
West Palm Beach, FL 33406

Affidavit of Domestic Partnership

- I am a resident of Palm Beach, Broward or Miami-Dade County
- I am NOT a resident in the FL tri-county area

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

- We are each eighteen years of age or older and mentally competent
- We are not related by blood in a manner that would bar marriage under the laws of the State of Florida.
- 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.
- Neither of us has had another domestic partner at anytime during the 12 months preceding this enrollment.
- 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 health care 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 health care entity.
- Each of us understands and agrees that election changes are only permitted during the Annual Enrollment period.
- Each of us understand that should our relationship dissolve, it is our responsibility to notify the District and to terminate the Domestic Partner coverage.
- We further understand that continuation of benefits will not be extended to my partner and/or my partner's children.

Employee (Please Print)

Domestic Partner (Please Print)

Employee (Signature)

Domestic Partner (Signature)

Sworn to before me this _____ day of _____, 20_____

NOTARY PUBLIC

NOTARY SEAL

Type of identification produced _____