



Personnel Policies — Section 300

Number: 313

Subject: Domestic Partner Policy

Last Reviewed: 9/21/2022

Executive Committee Approval: 9/27/2022

Board Approval: 10/19/2022

Employee Review:

(Printed copies are for reference only. Please refer to the electronic copy for the latest version.)

313.1 Policy

1.1 Mountainland Technical College acknowledges the needs of a diverse workforce and desires fairness in providing benefits to our employees, their dependents, their spouses and domestic partners. Benefits eligible employees may enroll a qualifying domestic partner in our medical, dental, or vision plan coverage. Qualifying domestic partners are also included in the policy for bereavement leave and educational assistance offered to eligible employees.

1.2 Qualifying domestic partners are those individuals who meet the following criteria:

- 1.2.1 Must be at least 18 years of age;
- 1.2.2 Must reside with the employee in the same domicile for at least the past consecutive twelve (12) months and intend to remain so;
- 1.2.3 Must be directly dependent upon the employee, or the domestic partner and employee are interdependent with each other, sharing a common financial obligation;
- 1.2.4 Must not be related by blood closer than would be allowed by marriage in the state of Utah; and
- 1.2.5 Must complete the Declaration of Domestic Partner form and provide "acceptable documentation" to Mountainland Technical College
- 1.2.6 Roommates, siblings, and parents do not qualify as domestic partners.

313.2 Procedure

2.1 In order to enroll a domestic partner in benefits, the employee must complete a Declaration of Domestic Partner form provided by Human Resources.

- 2.1.1 This original form will be kept on file with human resources and may be required to be renewed during the open enrollment period.

- 2.1.2 The employee is required to notify MTECH and PEHP within 30 days of the date the partnership no longer meets any of the criteria stated above by filing a Notice of Termination of Domestic partner Benefits. Failure to provide notice within 30 days will subject the employee to financial responsibility for inappropriately paid claims and premiums.
- 2.1.3 The employee and the domestic partner may request a copy of the Declaration of Domestic Partnership for their records.
- 2.1.4 Benefits coverage for the domestic partner and his or her dependents will terminate at the end of the month in which the relationship ended.

2.2 Tax Information

In addition to paying the premium for a domestic partner's medical, dental, or vision coverage, the employee may be subject to taxes on the determined value of those benefits. MTECH will add the value of the benefits received to the employee's income and withhold appropriate taxes. The employee is responsible to understand current IRS regulations and pay the taxes associated with coverage.

2.3 Acceptable Documentation

2.3.1 Acceptable documentation shall include:

Any Internal Revenue Service ("IRS") form defining the Domestic partner as a dependent of employee; or any three of the following four documents:

1. A joint loan obligation, mortgage, lease, or joint ownership of a vehicle between employee and domestic partner;
2. An employee's life insurance policy, retirement benefits account, or a Will designating the Domestic partner as beneficiary thereto, or Will of the employee or the Domestic partner which designates the other as executor of the estate;
3. A mutually granted power of attorney between the employee and domestic partner for purposes of healthcare or financial management; or
4. Proof of a joint bank or credit account or a showing that the employee or Domestic partner is authorized to sign for purposes of the other's bank or credit account.

Declaration of Domestic Partner

Employee Name _____ Domestic Partner Name _____

Employer Name _____

I, the undersigned employee, declare that I am unmarried and my domestic partner meets all of the following criteria:

1. Resides with me in the same domicile for at least the past consecutive twelve (12) months and intends to remain so;
2. Is at least 18 years of age;
3. Is directly dependent upon me, or the domestic partner and I are interdependent with each other, sharing a common financial obligation;
4. Is not related by blood closer than would be allowed by marriage in the state of Utah; and
5. Has provided "acceptable documentation" to my employer.

Acceptable documentation shall include:

Any Internal Revenue Service ("IRS") form defining the Domestic partner as a dependent of employee; or any three of the following four documents:

1. A joint loan obligation, mortgage, lease, or joint ownership of a vehicle between employee and domestic partner;
2. An employee's life insurance policy, retirement benefits account, or a Will designating the Domestic partner as beneficiary thereto, or Will of the employee or the Domestic partner which designates the other as executor of the estate;
3. A mutually granted power of attorney between the employee and domestic partner for purposes of healthcare or financial management; or
4. Proof of a joint bank or credit account or a showing that the employee or Domestic partner is authorized to sign for purposes of the other's bank or credit account;

I agree to notify my employer and PEHP within 30 days from the date we no longer meet any of the criteria stated above by filing a Notice of Termination of Domestic partner Benefits. Failure to provide notice within 30 days will subject the employee to financial responsibility for inappropriately paid claims and premiums.

I declare under penalty of perjury that all statements in this affidavit are true and accurate.

Employee signature

Date

STATE OF UTAH
COUNTY OF _____

Subscribed and sworn to before me this _____ of _____ of _____
day month year

Notary Public signature

Employer Representative Signature:

Employer hereby warrants that is has received acceptable documentation that meets the criteria above.

Employer Signature

Date