

**DOMESTIC PARTNER ENROLLMENT FORM  
NCCFT DENTAL PLAN**

**This form is for the purpose of enrolling domestic partners who meet the conditions set forth below:**

1. My partner and I each other's sole domestic partner, have been so for at least six (6) months prior to the date of this form.
2. My partner and I are not related by marriage or blood.
3. My partner and I have been living together on a continuous basis for at least six (6) months prior to the date of this form and submit proof of qualifying cohabitation (see page 2 for proof of residency).
4. My partner and I are financially interdependent. We submit clearly unaltered copies of documents with two proofs of our financial interdependence (see page 2 for proofs of financial interdependence).

**Further, I understand that:**

1. Any misrepresentation of facts and/or conditions, whether or not made with intent to deceive, may result in the ineligibility of the domestic partner for dental coverage and in the voiding of such coverage. In the event that any coverage is voided due to any misrepresentation herein, I further understand that I will be held financially liable for any monies paid on behalf of my domestic partner.
2. If I drop coverage for my domestic partner, I must wait at least one year before enrolling another partner;
3. If I do not enroll my eligible domestic partner within 30 days of employment, or if I do not enroll my eligible domestic partner within 30 days of the conditions set forth above, that partner will be considered a "late entrant" and certain reductions in benefits will apply (See Page 3 of NCCFT Dental Booklet).

**I certify that the person named below meets all the requirements specified above for enrollment in the NCCFT DENTAL PLAN.**

**Person being enrolled:** \_\_\_\_\_

**Date of birth:** \_\_\_\_\_ **Date of enrollment:** \_\_\_\_\_

**Social Security number:** \_\_\_\_\_ **Date of partnership:** \_\_\_\_\_

**Other dental insurance:** \_\_\_\_\_

**Faculty member's signature:** \_\_\_\_\_

**Faculty member's name (printed):** \_\_\_\_\_

**PLEASE RETURN FORM TO NCCFT OFFICE, F-3293**

# DOMESTIC PARTNER ENROLLMENT FORM

## NCCFT DENTAL PLAN

**YOU NEED A TOTAL OF 3 SEPARATE PROOFS\*, AS DESCRIBED BELOW  
(1 PROOF OF COHABITATION DURATION AND 2 PROOFS OF FINANCIAL INTERDEPENDENCE)**

\*Proofs should be clearly unaltered copies of original documents.

### Proof of Six Months of Cohabitation

You must submit proof that you and your partner have resided together for at least six (6) months. The proof may be one document with both names or two separate documents that show the residence of each partner. The following is a list of items that can be used to demonstrate proof of residency.

Submit one (1) of the following (check proof submitted):

- |  |   |
|--|---|
| <input type="checkbox"/> Auto registration   | <input type="checkbox"/> Passport   |
| <input type="checkbox"/> Bank statement  | <input type="checkbox"/> Pay check stub   |
| <input type="checkbox"/> Driver's license  | <input type="checkbox"/> Registration as a domestic partnership in a New York State municipality that has established such a procedure (e.g., Albany, New York City, Rochester, Ithaca) |
| <input type="checkbox"/> Mailed insurance benefits statement   | <input type="checkbox"/> Tax return   |
| <input type="checkbox"/> Mailed joint membership statement with address (e.g., church or family association) | <input type="checkbox"/> Telephone bill   |
| <input type="checkbox"/> Lease agreement listing both parties  | <input type="checkbox"/> Utility bill   |
| <input type="checkbox"/> Mortgage agreement listing both parties   |   |

### Proof of Financial Interdependence

You must submit two (2) copies of clearly unaltered original documents as proof of financial interdependence of at least six months duration. Below is a list of acceptable proofs (at least one of the two items must be from List A). Check the two (2) proofs you are submitting:

Note: "Joint" proofs must contain both names (enrollee and domestic partner). Original documents will be copied only to the extent necessary to document receipt and returned to you.

### LIST A

- |  |  |
|--|--|
| <input type="checkbox"/> Joint obligation on a loan (including an affidavit by a corporate creditor for a personal loan)   | <input type="checkbox"/> Designation of one partner as the representative payee for the others government benefits       |
| <input type="checkbox"/> Joint ownership of your residence   | <input type="checkbox"/> Joint ownership or holding of investments   |
| <input type="checkbox"/> Joint renters' or home owners' insurance policy   | <input type="checkbox"/> Joint ownership or lease of a motor vehicle   |
| <input type="checkbox"/> Joint responsibility for child care (e.g., school documents, guardianship) Birth certificate of child alone is not sufficient.          | <input type="checkbox"/> Mutually granted authority to make health care decisions (e.g., health care power of attorney)  |
| <input type="checkbox"/> Designated as beneficiary under the other's life insurance policy, retirement benefits account or will or executor of each other's will | <input type="checkbox"/> Both listed as tenants on the lease of shared residence   |
| <input type="checkbox"/> An affidavit by a corporate creditor or other disinterested third party attesting to partners' shared financial commitment              | <input type="checkbox"/> Same-sex marriage or civil union certificate  |
| <input type="checkbox"/> Mutually granted durable power of attorney  | <input type="checkbox"/> Shared a household budget for the purpose of receiving government benefits                      |
|  | <input type="checkbox"/> Partner claimed as a dependent for federal tax purposes (you must complete and submit PS-425.3) |

### LIST B

- |   |   |
|---|---|
| <input type="checkbox"/> Joint bank account             | <input type="checkbox"/> Status as authorized signatory on the partner's bank account, credit card or charge card |
| <input type="checkbox"/> Joint credit or charge card(s) | <input type="checkbox"/> Other proof establishing economic interdependence  |