



Administrative Policy Manual

APM 1-09: Domestic Partnerships

Purpose: To establish a policy concerning the extension of certain City of Miami employment benefits to City of Miami employees in domestic partnerships and their dependents, as authorized under City of Miami Ordinance No. 13073.

Definitions “Domestic Partners” – means (1) adults who have registered their domestic partnership pursuant to Miami-Dade City Code Section 11A-72, **or** (2) adults whose relationship has been formalized in another locality, state, or country through a marriage, civil union, domestic partnership, or the like, that is authorized by law in that jurisdiction but that is not recognized under Florida law.

“City Employee” – means any employee of the City of Miami

Requirements of Miami Dade County Ordinance No. 08-61 Section 11A-72: One aspect of qualifying for City of Miami benefits under this Administrative Policy is registering the domestic partnership with Miami-Dade County. Domestic Partners must meet the following requirements to register with Miami-Dade County:

1. Both adults are 18 years of age or older;
2. Competent to enter into a contract;
3. Not married under Florida law, a partner to another domestic partnership relationship, or a member of another civil union;
4. Not related to the other by blood;
5. Consider themselves to be a member of the immediate family of the other partner and to be jointly responsible for maintaining and supporting the Registered Domestic Partnership;

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Requirements of Miami Dade County Ordinance No. 08-61 Section 11A-72:
(continued)

6. Agree to immediately notify the Consumer Services Department, in writing, if the terms of the Registered Domestic Partnership are no longer applicable or one of the domestic partners wishes to terminate the domestic partnership; and
7. Reside in the same primary residence.

Applying for City of Miami Domestic Partnership Benefits

Once an employee fulfills the requirements of Miami-Dade County Ordinance No. 08-61, Section 11A-72, the employee may qualify to have certain City of Miami benefits extended to the employee's domestic partner and dependents by adhering to the following:

1. If electing health care benefits, the City employee must complete the Domestic Partnership Benefits Request Form, which is attached to this APM, and submit it to the Department of Risk Management, along with all documents required showing proof of domestic partnership status, to include:
 - A. The Domestic Partnership Certificate issued by Miami Dade County; and/or
 - B. A certified marriage certificate authorized by law; and/or
 - C. Documentation showing proof of a civil union authorized by law; and/or
 - D. Documentation showing proof of a domestic partnership authorized by law in a different jurisdiction.
2. If requesting leave benefits, the City employee must complete the Domestic Partnership Benefits Request Form and submit it to the Department of Employee Relations/Labor Relations Division along with proof of domestic partnership status as indicated in subsection 1, parts A through D.
3. A City employee who previously received recognition for domestic partnership by the City cannot submit another Domestic Partnership Benefits Request Form for at least 6 months from the date that said employee submits, and the City approves, a notice of termination of the prior domestic partnership with the City.

Available City of Miami Benefits

All benefits available to the spouse and child(ren) of a City employee shall be made available on the same basis to the domestic partner or child of such domestic partner, unless prohibited by state or federal law or the terms of a collective bargaining agreement. Such benefits include, but are not limited to the following:

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**Available City
of Miami
Benefits**
(continued)

1. In accordance with the City of Miami Human Relations ordinance, any City employee who has a domestic partner shall be entitled to elect insurance coverage for the domestic partner or the children of such domestic partner in a manner similar to a City employee electing insurance coverage for the spouse or children. However, the employee is required to bear the cost of such coverage and said cost is considered a post-tax contribution which will be considered imputed income to the employee under federal tax rules. An employee may not make an election for coverage of a domestic partner more than two times in a plan year.
 2. Any City employee who has a domestic partner may be entitled to use all forms of leave provided by the City, including, but not limited to, sick leave, annual leave, bereavement (funeral) leave, and family leave to care for the domestic partner or the children or parents of the domestic partner. The use of leave shall be consistent with existing regulations.
 3. All other benefits available to the spouses and children of City employees shall be made available on the same basis to the domestic partner, or child of such domestic partner, of a City employee who has a domestic partner.
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**Termination of
Domestic
Partnership
Status**

The City employee who terminates the domestic partnership must submit documentation as proof of such termination to the Department of Risk Management (which will forward copies of such documentation to the Department of Employee Relations/Labor Relations Division) within 15 business days of termination, such as:

1. A Declaration of Termination of Domestic Partnership issued by Miami Dade County; and/or
 2. A document showing that the Domestic Partnership was terminated by law in another jurisdiction; and/or
 3. A divorce decree authorized by law; and/or
 4. A certified death certificate of the domestic partner; and/or
 5. Other official documentation from a government entity indicating the termination of the domestic partnership.
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Penalties

Any City employee who obtains or attempts to obtain benefits fraudulently or who fails to notify the City of any termination of the employee's domestic partnership shall be subject to:

1. Recovery of any benefits improperly paid and;
 2. Disciplinary action which may include termination.
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Penalties
(continued)

Further, the City may bring a civil action against either or both of the parties to the domestic partnership to recover any losses, including attorney's fees borne by the City as a result of the fraudulent request for domestic partnership benefits or because of the failure to notify the City of the termination of the domestic partnership.

Policy Number: APM 1-09

Date: 7/24/09 

Issued By:

Pedro G. Hernandez
City Manager

REVISIONS

<u>REVISED SECTION</u>	<u>DATE OF REVISION</u>
Created	07/2009



DOMESTIC PARTNERSHIP BENEFITS REQUEST FORM

PART I – Requesting Employee Information

Name (Last, First, Middle initial) Social Security Number

Employee Home Address City, State, Zip Code

Job Title Department

Home Phone Number Status: FT /PT/ Temp

PART II – Domestic Partner Information

Name of Domestic Partner Social Security Number

Home Address City, State, Zip Code

Employee Eligibility

Documentation filed with Miami-Dade County (check one):

- Domestic Partnership Certificate Marriage Certificate
- Proof of Civil Union/Domestic Partnership issued by Other Jurisdiction
- Other (Please Specify):

Employee must submit proof of eligibility with this form.

PART III – Health Care Election

Please check the selection that applies:

Insurance Election Medical Plan Coverage Dental Plan Coverage

PART IV – Benefits Election

Please check the selection that applies (attach appropriate request for leave form if applicable):

- Sick Leave Family/Medical Leave
- Bereavement Leave Other: _____

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PART V - Affirmations

I read the terms and conditions of this APM and Domestic Partnership Benefits Request Form. I certify that the information provided in all parts of this form is true, accurate, and complete.

I understand that if any of the information is not true and correct, the City of Miami reserves the right to take disciplinary action, up to and including termination, as well as legal action in a court of law. I understand that if I elect qualified adult coverage for a domestic partner, who is not my dependent, the Internal Revenue Code requires the Insurance Carrier to treat the full fair market value of the health care coverage as taxable income.

I understand that the Insurance Carrier has the right to discontinue coverage at any time, and that extending COBRA-like coverage to a qualified adult is not legally required and also may be discontinued at any time. I understand that coverage options available to employees who elect to cover a qualified adult are limited, and that COBRA-like coverage may not be available under certain conditions.

Employee Acknowledgment

Employee Print Name

I, _____, hereby certify under penalty of perjury that I have read the facts set forth above and that they are true and correct to the best of my knowledge and belief.

Employee Name

The foregoing instrument was acknowledged before me this ____ day of _____, 20 __, by _____ . He is personally known to me or has produced _____ as identification.

Print or stamp name:
Notary Public, State of Florida
My Commission Expires: