

## **AFTRA HEALTH AND RETIREMENT FUNDS**

### **FAMILY COVERAGE CHECKLIST**

**For**

### **DOMESTIC PARTNER HEALTH COVERAGE ENROLLMENT**

Below is a checklist of all the documentation needed for enrollment of your domestic partner into the AFTRA Health Plan.

**Affidavit of Domestic Partnership**

The Affidavit of domestic Partnership must be signed by both the participant and domestic partner and must be notarized

**Birth Certificates**

The Health Fund required photocopies of birth certificates from both the participant and domestic partner.

**Registration of Domestic Partnership**

If you are a resident of any city, county or state that permits registration as domestic partners, you must register and provide to the Health Fund a photocopy of this registration.

**Affidavit of “Dependency” for Tax Purposes**

The enclosed Affidavit of “Dependency” for Tax Purposes must be filed with the Health fund if your domestic partner receives more than half of his or her support from you and qualifies as a dependent under the Internal Revenue code, Section 152. We recommend that you consult with a tax advisor before submitting the affidavit.

**OR**

**Tax Payment**

If your partner does not qualify under the Internal Revenue code, his or her AFTRA Health coverage will be treated as taxable income and you will be subject to withholding by the fund. Enclosed is a Tax Payment Notice indicating the amount of tax you owe for the first quarter of your partner’s coverage.

**AND**

**Tax Payment Notice**

To ensure that your payment is processed properly, we request that you return to the Health Fund the Tax Payment Notice along with your tax payment in the envelope provided.

**Enrollment Card**

If you wish to name your domestic partner as your beneficiary, you must file a new Enrollment Form with the Funds

**For Your Own Records**

We recommend you make copies of your signed and notarized affidavits.