



# CITY OF MESA HEALTH PLAN DECLARATION OF COMMITTED PARTNERSHIP

This Declaration will register a Committed Partnership with the City of Mesa Health Plan. The representations made on this form may qualify an eligible Committed Partner and such Committed Partner's eligible children for certain benefits under the Plan; however, the execution and submission of this Declaration **alone**, does not entitle the Committed Partner or the Committed Partner's children to any benefit coverage under the Health Plan. Eligibility for coverage and receipt of benefits are governed by the Plan Document and complete timely submission of all required documentation.

## I. SECTION ONE – ELIGIBILITY/ENROLLMENT

### A. Eligibility for Committed Partner

\_\_\_\_\_  
Employee/Retiree Name (Please Print)                      Date of Birth                      SSN                      Male    Female (Check one)

\_\_\_\_\_  
Committed Partner (Please Print)                      Date of Birth                      SSN                      Male    Female (Check one)

Effective Date of Enrollment (CP Benefits Start Date): \_\_\_\_\_

We, (Employee or Retiree and Committed Partner), declare:

1. We have been in a serious and committed relationship since \_\_\_\_\_ (must be at least twelve (12) months prior to the Effective Date of Enrollment);
2. We are both age 18 or older and mentally competent to make this Declaration;
3. We live together in a common household and are jointly responsible for its financial management, for at least the twelve (12) months prior to the Effective Date of Enrollment (although we may temporarily live apart for reasons of employment, education or military service);
4. We are each other's sole Committed Partner;
5. We are not related in any way that would prohibit legal marriage if we could otherwise be married under applicable law;
6. Neither of us is legally married to, legally separated from, or a Committed Partner to, any other person(s); and

### B. Eligibility for Committed Partner's Children

Committed Partner children may be enrolled in the same benefit programs with the same Effective Date of Enrollment as the Committed Partner, if they are:

1. The Committed Partner's biological children, legally adopted/placed children, legal guardianship children or foster children – all under age 26; reside with the Committed Partner and dependent upon the Committed Partner for the majority of their support.  
or
2. If the child is age 26 or over, not self-supporting because of a permanent physical or mental disability, reside with the Committed Partner and dependent upon the Committed Partner for the majority of their support.

\_\_\_\_\_  
Child Name (Please Print)                      Date of Birth                      SSN                      Male/Female

\_\_\_\_\_  
Child Name (Please Print)                      Date of Birth                      SSN                      Male/Female

\_\_\_\_\_  
Child Name (Please Print)                      Date of Birth                      SSN                      Male/Female

\_\_\_\_\_  
Child Name (Please Print)                      Date of Birth                      SSN                      Male/Female

\_\_\_\_\_  
Child Name (Please Print)                      Date of Birth                      SSN                      Male/Female

**II. SECTION TWO – SUPPORTING DOCUMENTATION**

**A. Documentation for Committed Partner**

Submit **two** items of documentation that verify your Committed Partner status and financial inter-dependence (one item submitted must be dated at least twelve (12) months prior to the Effective Date of Enrollment):

- ✓ Joint ownership or lease of primary residence (mortgage, deed or lease agreement)
- ✓ Joint bank or credit card accounts (redacted bank/credit statement or blank voided check with both names printed on the check or statement of account)
- ✓ Life Insurance Beneficiary designation or Last Will and Testament naming each other as primary beneficiary
- ✓ Designation of Employee/Retiree and Committed Partner to act on each other's behalf for all purposes under a Power of Attorney
- ✓ Joint utility billing notice(s), showing both parties, same address/location
- ✓ Other documentation that verifies financial inter-dependence and Committed Partnership

**B. Documentation for Committed Partner's Dependents**

In order to validate your Committed Partner's dependent children's eligibility for benefit coverage, please submit a copy of the children's birth certificate, adoption paperwork, legal guardianship, foster parent documents, disabled adult child social security award documentation (as may apply).

**III. SECTION THREE – ACKNOWLEDGEMENTS**

We, the above designated Employee/Retiree of the City and Committed Partner, have provided the information in this Declaration, for use by the City of Mesa Health Plan in determining our eligibility for Committed Partner status under Plans that provide benefits for Committed Partners and their children.

We understand that health plan premiums are payable on a post-tax basis only. In addition, Employee/Retiree will incur imputed income tax obligations on the value of the medical, dental or vision coverage provided by the City to the Committed Partner and Committed Partner Children; any intent to overcome or reverse that income tax obligation is the sole responsibility of the Employee/Retiree and their tax advisor (if any) and will not be accommodated in the City's payroll reporting systems, W-2 processes or other financial systems.

We acknowledge that it may be necessary for the City of Mesa Health Plan to share information regarding the existence of our Committed Partnership and the identity of the non-employee Partner with health plan vendors and administrators for the purposes of enrollment, identification, verification and payment of benefits and, with City systems like Payroll, HR and Finance for purposes of enrollment, payroll deduction, income reporting and payroll tax withholding as may apply.

We understand that any person or entity, including the City, that suffers any loss due to false statement(s) contained in this Declaration may bring a cause of action against either or both of us, including to recover their losses and reasonable attorney's fees. We understand that willful falsification of information contained in this Declaration of Committed Partnership may result in disciplinary action by the City and termination of any benefits provided by the City.

We agree to notify the City within 31 days of any change in our status as Committed Partners as attested to in this Declaration of Committed Partnership, or change in eligibility status of Committed Partner children.

We declare under penalty of perjury under the laws of the State of Arizona that the statements above are true and correct.

Date: \_\_\_\_\_

Signature of Employee/Retiree \_\_\_\_\_ Employee ID # \_\_\_\_\_

Print name of Employee/Retiree \_\_\_\_\_

Signature of Committed Partner \_\_\_\_\_

Print name of Committed Partner \_\_\_\_\_

State of \_\_\_\_\_ Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

County of \_\_\_\_\_

\_\_\_\_\_  
Notary Public

(Seal)