

ORDER NO: 2012 1825

DATE: October 30, 2012

STATE OF TEXAS '

COUNTY OF DALLAS '

BE IT REMEMBERED, at a regular meeting of the Commissioners Court of Dallas County, Texas, held on the 30<sup>th</sup> day of October 2012, on motion made by John Wiley Price, District #3, and seconded by Dr. Elba Garcia, District #4, the following Order was adopted:

WHEREAS, Commissioner's Court was briefed on October 23, 2012, regarding the Dallas County Employee Benefits Committee's recommendation to offer a monthly subsidy to Dallas County employees for the purchase of a private medical insurance policy or continuance of a private medical insurance policy for the domestic partner and/or the domestic partner's child(ren) since Dallas County is unable to include domestic partners in its current medical program offerings; and

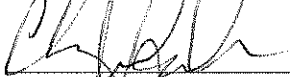
WHEREAS, Each County employee must complete an Affidavit of Domestic Partnership (Attachment A) and submit it to Human Resources/Civil Service for eligibility review to receive a subsidy for a domestic partner and/or the domestic partner's children; the estimated cost of the Domestic Partnership Program is projected to not exceed \$100,000.00; and

WHEREAS, Attachment B includes specific details related to the definition of domestic partners, stipulations, eligibility, opt out option, COBRA coverage, IRS tax consideration, and subsidy amount; and


WHEREAS, Approval of this recommendation supports Vision 1, Strategic 1.3. Dallas County provides sound, financially responsible and accountable governance.

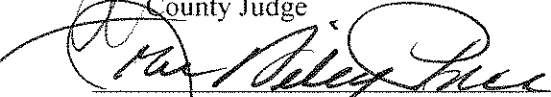
IT IS THEREFORE ORDERED, ADJUDGED, AND DECREED that the Dallas County Commissioners Court hereby approve the Dallas County Employee Benefits Committee's recommendation as outlined in Attachment B (Domestic Partnerships Program) to offer a subsidy to Dallas County employees for the purchase of a private medical insurance policy or continuance of a private medical insurance policy for the domestic partner and/or the domestic partner's child(ren) and Attachment A (Affidavit of Domestic Partnership).

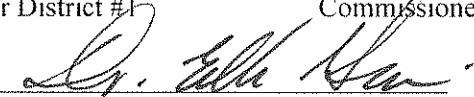
DONE IN OPEN COURT this the 30<sup>th</sup> day of October, 2012.

  
Clay Lewis Jenkins  
County Judge

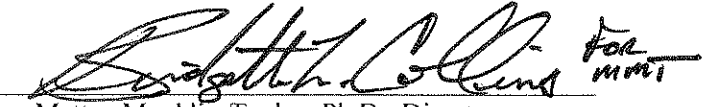
NO MD  
Maurine Dickey  
Commissioner District #1

  
Mike Cantrell  
Commissioner District #2

  
John Wiley Price  
Commissioner District #3

  
Dr. Elba Garcia  
Commissioner District #4

Recommended by:

  
Mattye Mauldin-Taylor, Ph.D., Director  
Human Resources/Civil Service Department



**DALLAS COUNTY  
Affidavit of Domestic Partnership**

I, \_\_\_\_\_ and \_\_\_\_\_, each  
(employee name) (domestic partner)

certify and declare that we are domestic partners in accordance with the following definition specified by Dallas County Employee Benefits Committee:

1. a domestic partner is defined as individual of the same or opposite gender as the Dallas County employee;
2. who is 18 years of age or older and mentally competent to enter into this agreement;
3. who has lived in the same households as the employee for at least **six (6) months** and shares the common resources of life in a close, personal intimate relationship with the Dallas County employee;
4. neither of whom are married or related by blood; and
5. under Texas law, the individual would not be prevented from marrying the employee on account of consanguinity or prior un-dissolved marriage to another.

**\*A domestic partnership is not proof of an informal marriage (common-law marriage), as defined by Section 2.401 of the Texas Family Code.**

We understand that we will be asked to provide two documents of proof from the list below to establish a relationship of domestic partnership for eligibility of the subsidy:

1. Proof of the same residency for at least six (6) months naming/listing both partners. Example include: Joint deed, mortgage agreement, or apartment lease.
2. Proof of joint checking account or savings account statement that includes the date account was opened.
3. Utility bill and/or credit account that includes proof of at least six (6) months of history.

4. Proof of designation as the primary beneficiary for life insurance, or primary beneficiary designation under a partner's will.

We understand that we will be asked to provide one document of proof from the list below to establish the eligibility of a domestic partner's child(ren) for the subsidy:

1. Birth certificate listing the domestic partner as the parent of the dependent child.
2. Certificate of Adoption/Adoption Court Order listing the domestic partner as the adoptive parent.
3. Court order listing the domestic partner as Managing Conservator or Joint Managing Conservator; requiring the domestic partner to provide medical coverage for the child.

**CHANGE IN DOMESTIC PARTNERSHIP:**

1. We have an obligation to notify **Dallas County** if there is any change in our domestic partnership (e.g., due to death of a partner, a change in residence of one partner, termination of the relationship, etc.). We will notify **Dallas County** within thirty-one (31) days of such change. This will not be considered a qualified change in status event and allow the employee to received an additional subsidy during the calendar year.
2. We understand that another Affidavit of Domestic Partnership cannot be filed for at least (12) months from the date that a change is presented to Dallas County Human Resources Department.
3. We understand that termination of this coverage will be effective on the date the partners notify Dallas County of the termination of the relationship.
4. We understand that Domestic Partner is not eligible to receive continuation of coverage under COBRA.
5. We understand that, by signing this Affidavit and as a result of Dallas County providing a subsidy to us that there may be legal and tax implications; therefore we have been advised to consult with a legal /tax advisor regarding these implications.
6. We understand the extension of subsidy for domestic partners and their dependents may be revoked or modified by Commissioners Court, at its sole discretion, at any time.

We understand that providing false or misleading information in this affidavit will result in disciplinary action against the Dallas County employee or a failure to timely notify of termination of a domestic partnership may result in reimbursement of any subsidy that was allocated to the employee.

Please complete this form, have it notarized and return it along with the required documentation to the following address:

Dallas County Human Resources/Civil Service Department  
 509 Main St, Suite 101  
 Dallas, Texas 75202

Please keep a copy of this completed form for your records.

**SIGNED DECLARATION AND NOTARIZATION (both signatures MUST BE notarized)**

Employee Signature	County of _____ Sworn to before me at _____, this _____ day of _____, 20____. Notary Public _____ My Commission expires: _____, 20____.
Employee / Domestic Partners' Street Address	
Employee / Domestic Partners' City, State & ZIP Code	

Domestic Partner Signature	County of _____ Sworn to before me at _____, this _____ day of _____, 20____. Notary Public _____ My Commission expires: _____, 20____.
Domestic Partner Social Security Number	
Domestic Partner Date of Birth	

**DALLAS COUNTY**  
**Domestic Partnerships Program**

**Definition:**

The definition of domestic partners is an individual of the same or opposite gender as the County employee, who is:

1. who is 18 years of age or older and mentally competent to enter into this agreement;
2. has lived in the same household as the employee for at least **six (6) months** and shares the common resources of life in a close, personal intimate relationship with the County employee;
3. neither of whom are married or related by blood; and
4. under Texas law, the individual would not be prevented from marrying the employee on account of consanguinity or prior un-dissolved marriage to another.

**\*A domestic partnership is not proof of an informal marriage (common-law marriage), as defined by Section 2.401 of the Texas Family Code.**

**Stipulations:**

For employees with dependents (covered under the above definition of a domestic partner); the County will offer a monthly subsidy to subsidize the purchase of a private medical insurance policy or continuance of a private medical insurance policy for the domestic partner and/or the domestic partner's child(ren) to the County employee, with the follow stipulations:

- The subsidy is only available to dependents who do not have access to a health plan through an employer sponsored plan;
- The subsidy will be paid to the employee in their bi-weekly pay checks;
- The subsidy shall not exceed the amount allocated for dependent coverage for other county employees with the same applicable tier of dependents;
- Continued payment of the subsidy will require quarterly documentation to show the policy is and has continued to be in force during the review period;
- Only one subsidy will be allocated per year;
- The definition of dependent children will track the County's current definition allowing subsidy allocations for the domestic partner's children when applicable requirements have been met and required documentation has been provided –See rate subsidy chart; and
- Change in status of the relations or dependents must be reported within 31 days of the change or the employee may be required to reimburse the County (does not qualify as a life change event).

**Establishing Eligibility:**

Each employee must complete an Affidavit of Domestic Partnership (and submit to Human Resources/Civil Service) for eligibility review to receive a subsidy for his/her domestic partner and/or the domestic partner's child(ren). In addition, to the Affidavit of Domestic Partnership, the employee must provide documentation as specified below:

**Eligibility of Adult:**

Must provide two documents of proof from the list below:

1. Proof of the same residency for at least six (6) months naming/listing both partners. Example include: Joint deed, mortgage agreement, or apartment lease.
2. Proof of joint checking account or savings account statement that includes the date account was opened.
3. Utility bill and/or credit account that includes proof of at least six (6) months of history.
4. Proof of designation as the primary beneficiary for life insurance, or primary beneficiary designation under a partner's will.

**Eligibility of Child(ren):**

Must provide one document of proof from the list below:

1. Birth certificate listing the domestic partner as the parent of the dependent child.
2. Certificate of Adoption/Adoption Court Order listing the domestic partner as the adoptive parent.
3. Court order listing the domestic partner as Managing Conservator or Joint Managing Conservator; requiring the domestic partner to provide medical coverage for the child.

**Opt Out Option:**

If a county employee opts out of the Dallas County Employee Medical Insurance Program and selects coverage under the domestic partners' employer sponsored insurance program, Dallas County will pay the same opt out benefits (\$100.00 per month) to that County employee as it currently pays for employees covered on their spouses' policies. Evidence that the County employee is cover under the Domestic Partnerships Program will be required.

**COBRA Coverage:**

A domestic partner and his/her dependent child(ren) are not eligible for COBRA continuation of coverage under existing federal law.

**IRS Tax Consideration:**

Unless a domestic partner qualifies as a dependent according to the IRS definition, all subsidies are not deducted on a pre-tax basis. The employee may have to pay taxes on the amount of money the County contributes for the subsidy. Flexible Spending Accounts cannot be used to cover the medical expenses of a domestic partner and/or a domestic partner's children.

**Subsidy Amount:**

The Chart below shows the amount Dallas County currently contribute to each employee for its dependent coverage for the PPO plan (lowest cost plan) and is based on the tier level selected.

**Dallas County Current Dependent Rates – FY 2012 and 2013**

Type of Program – Tier Level	Employee Pays – Monthly	County Pays – Monthly	Total Cost
Spouse	\$361.51(55%)	<b>\$295.78 (45%)</b>	\$ 657.29
Child(ren)	\$177.47(45%)	<b>\$216.90 (55%)</b>	\$ 394.37
Family	\$538.98(51%)	<b>\$512.68 (49%)</b>	\$1,051.66

The County will reimburse the employee up to the maximum dollar amount paid by the County for each tier level or the maximum percentage paid per tier level, whichever is less. For example: If the employee purchases an independent medical policy for their domestic partner at a cost of \$800.00 per month, the county will only reimburse the employee a maximum of \$295.78 because this is the total amount allocated for all employees who select coverage for a spouse. If the independent policy cost only \$500.00 per month, the county will reimburse the employee 45% of the cost or \$225.00 (the lesser amount).