

# CITY OF HEALDSBURG

## PERSONNEL POLICY

SUBJECT: Domestic Partners Policy

### I. Purpose:

- a. To define and establish a policy and procedure that allows domestic partners of employees to participate in the group health service plans offered by the City.
- b. To meet the requirements of §297 of the Family Code.

### II. Policy:

- a. Effective July 1, 2002, the City of Healdsburg will make available to any employee, who would under City policy be entitled to such insurance, group health benefits coverage for domestic partners. This insurance coverage includes medical, dental and vision plans.
- b. The coverage can only be extended to domestic partners as defined in §297 of the Family Code
- c. The employee must possess a valid *Declaration of Domestic Partnership* filed with the California Secretary of State (Family Code §298) (Exhibit A) or equivalent document of another state under which the partnership is created.

### III. Procedure:

- a. The employee will complete any enrollment form required by the health care provider in accordance with procedures established by the Personnel Office.
- b. Upon enrollment the employee will present a copy of a valid *Declaration of Domestic Partnership* filed with the California Secretary of State (§298 of the Family Code) or equivalent document of another state under which the partnership is created.
- c. The employee is cautioned to determine the local, state, and federal tax consequences of accepting these benefits for his/her domestic partner prior to enrollment.

- d. Upon dissolution of the domestic partnership, the employee shall obtain a *Notice of Termination of Domestic Partnership* (Family Code §299) and present a copy to the Personnel Office. (Exhibit B)

Signed:

  
Chet J. Wyszepiek, City Manager

Date: June 12, 2002

bj-w



**State of California**  
**Bill Jones**  
**Secretary of State**

FILE NO: \_\_\_\_\_

**DECLARATION OF DOMESTIC PARTNERSHIP**

(Family Code Section 298)

**Instructions:**

1. Complete and mail to: Secretary of State, P.O. Box 944225, Sacramento, CA 94244-2250 (916) 653-4984
2. Include filing fee of \$10.00. Make check payable to Secretary of State.

**We the undersigned, do declare that we meet the requirements of Section 297 at this time:**

(Office Use Only)

We share a common residence;  
 We agree to be jointly responsible for each other's basic living expenses incurred during our domestic partnership;  
 Neither of us is married or a member of another domestic partnership;  
 We are not related by blood in a way that would prevent us from being married to each other in this state;  
 We are both at least 18 years of age;  
 We are both members of the same sex or one/or both of us is/are over the age of 62 and meet the eligibility criteria under Title II of the Social Security Act as defined in 42 U.S.C. Section 402(a) for old-age insurance benefits or Title XVI of the Social Security Act as defined in 42 U.S.C Section 1381 for aged individuals;  
 We are both capable of consenting to the domestic partnership;  
 Neither of us has previously filed a Declaration of Domestic Partnership with the Secretary of State pursuant to Division 2.5 of the Family Code that has not been terminated under Section 299 of the Family Code.

**The representations herein are true, correct and contain no material omissions of fact to our best knowledge and belief. Sign and print complete name. (If not printed legibly, application will be rejected.) Signatures of both partners must be notarized.**

_____ Signature	_____ (Last)	_____ (First)	_____ (Middle)
_____ Signature	_____ (Last)	_____ (First)	_____ (Middle)
_____ Common Residence Address	_____ City	_____ State	_____ Zip Code
_____ Mailing Address	_____ City	_____ State	_____ Zip Code

**NOTARIZATION IS REQUIRED**

State of California  
 County of \_\_\_\_\_

On \_\_\_\_\_, before me, \_\_\_\_\_, personally

appeared \_\_\_\_\_  
 personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s) executed the instrument.

\_\_\_\_\_  
 Signature of Notary Public

[PLACE NOTARY SEAL HERE]



State of California  
 Bill Jones  
 Secretary of State

FILE NO: \_\_\_\_\_

**NOTICE OF TERMINATION OF DOMESTIC PARTNERSHIP**

(Family Code Section 299)

**Instructions:**

1. Complete and send by **CERTIFIED** mail to:  
 Secretary of State  
 P.O. Box 944225  
 Sacramento, CA 94244-2250  
 (916) 653-4984

(Office Use Only)

2. There is no fee for filing this Notice of Termination

**I, the undersigned, do declare that:**

Former Partner: \_\_\_\_\_ and I are no longer Domestic Partners.  
 (Last) (First) (Middle)

Secretary of State File Number: \_\_\_\_\_

If termination is caused by death or marriage of the domestic partner please indicate the date of the death or the marriage: \_\_\_\_\_  
 (month/day/year)

This date shall be the actual termination date for the Domestic Partnership as provided in Family Code Section 299.

\_\_\_\_\_  
 Signature (Last) (First) (Middle)

\_\_\_\_\_  
 Mailing Address City State Zip Code

**NOTARIZATION IS REQUIRED**

State of California  
 County of \_\_\_\_\_

On \_\_\_\_\_, before me, \_\_\_\_\_, personally appeared

\_\_\_\_\_ personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to the within instrument and acknowledged to me that he/she executed the same in his/her authorized capacity, and that by his/her signature on the instrument the person executed the instrument.

\_\_\_\_\_  
 Signature of Notary Public

[PLACE NOTARY SEAL HERE]