



Domestic Partner Application Guidance For Employees Completing a Domestic Partner Packet

The documents listed below must be completed and mailed by the enrollee to the BSC Benefits Unit at the following address:

New York State Office of General Services
Business Services Center, Human Resources Benefits Administration
Harriman State Campus, Bldg. 5, 4th Floor
Albany, NY 12226-1900
Phone (518) 457-4272, Fax (518) 457-1879

Required Documents

- Application for Domestic Partner Benefits with Supporting Documentation (PS-425.1)
- Dependent Tax Affidavit (PS-425.3)
- Health Insurance Transaction Form (PS-404)
- Photocopy of Domestic Partner's Birth Certificate, Social Security Card, Medicare Card (if applicable), and Divorce Decree (if applicable)

Please refer to the [PS-425](#) for instructions on how to enroll a Domestic Partner in the New York State Health Insurance Program.

Application for Domestic Partner Benefits with Supporting Documentation (PS-425.1)

- Complete the application for Domestic Partner Benefits (PS-425.1) and have it notarized.
- Provide proof of joint responsibility for financial obligation:
 - Submit **two** forms of proof (two from list A or one from list B) showing shared joint responsibility for financial obligations for at least six (6) months immediately preceding the date of application. Joint proofs must name and obligate **both** parties (enrollee and domestic partner).
- Proof of cohabitation:
 - Submit **one** form of proof from the list provided on the application to prove that you and your Domestic Partner have resided together for at least six (6) months immediately preceding the date of application. If you submit proof older than six (6) months, you are also required to submit that same form of proof dated within 30 days of your application.

Dependent Tax Affidavit (PS-425.3)

- Complete and have notarized the Dependent Tax Affidavit. Select “**Does Not Qualify**” unless the Domestic Partner fully qualifies as a dependent under the Internal Revenue Code, Section 152 (to claim your Domestic Partner as a dependent on your taxes each year).

Health Insurance Transaction Form (PS-404)

- Complete the employee section, numbers 1 – 9.
- Complete Section G including the Domestic Partner's information.
- Sign and date the authorization on the back of the form.

If the Domestic Partnership ends, it is the employee's responsibility to complete the termination of Domestic Partnership Form (PS-425.4), and mail or fax the form to the BSC Benefits Unit.