

Transportation • Communications • International Union
Los Angeles Metropolitan Transportation Authority
Health & Welfare Trust Fund

Administered By: Benefit Programs Administration
Telephone (562) 463-5090 • (800) 427-5342

Domestic Partner Supplemental Enrollment Form

Add _____, _____ and any eligible children listed on this form,
(Print Name of Domestic Partner and their Social Security Number)
in the Transportation Communications International Union – Los Angeles Metropolitan Transportation Authority
Health & Welfare Fund Trust (“Trust”) plan as the Domestic Partner of _____,
(Print Name of Employee)

(Employee’s Social Security Number)

Enrollment of Domestic Partner

Please fill out Section A or B, as applicable, and place a check mark to indicate which form(s) you will be providing to us.

A. Domestic Partnership Established in the State of California.

_____, I have established a Domestic Partnership in the State of
(Name of Domestic Partner)
California by filing a Declaration of Domestic Partnership with the Secretary of State. I have submitted to the
Trust one of the following forms that are required for coverage:

- _____ 1. A Certificate of Domestic Partnership, given to us by the Secretary of State of
California; or
- _____ 2. A copy of the notarized Declaration of Domestic Partnership filed with the
Secretary of State. (This document must contain a stamp from the Secretary of
State’s Office showing that it has been filed).

B. Domestic Partnership Established in the State Other Than California.

_____, I have established a same-sex legal union, other than a
(Name of Domestic Partner)
marriage, in a state other than California, and that legal union is substantially equivalent to a
Domestic Partnership.

- _____ 1. Please provide the name of the state where your legal union was
formed: _____
- _____ 2. Please provide evidence that your legal union has been validly formed in the
state stated above (or recognized by the state stated above).

Enrollment of Domestic Partner’s DEPENDENT CHILD(REN)

I wish to add the following Dependent Children of my Domestic Partner and am providing a birth certificate or other acceptable proof of each child’s eligibility:

	Name of Child	Age	DOB	Form of Proof of Eligibility
1				
2				
3				
4				

Print Name

Signature

Date

Declaration of Dependency Status

I understand that the Internal Revenue service (IRS) currently treats the value of the health care coverage provided to Domestic Partners and their dependents, if any, as income to the employee (less any contribution paid by the employee for the coverage, unless the Domestic Partner meets the IRS definition of “dependent”.

If you certify that your Domestic Partner meets the IRS definition of dependent, the MTA will not treat the value of your Domestic Partner’s coverage as income to you.

I hereby declare and affirm that my Domestic Partner, (name of partner) _____ is my “dependent” as that term is defined in Section 152 of the Internal Revenue Code. I further declare that each of the following is true (sign your initials next to each statement to indicate your agreement with the statement):

_____ Pursuant to Federal tax law, my Domestic Partner and I have the same principle place of abode and my Domestic Partner is a member of my household (for the tax year 2005).

_____ My Domestic Partner is a citizen of national of the United States, or a resident of the United States or of a country contiguous to the United States.

_____ I provide over one-half of my Domestic Partner’s support for the calendar year in which such taxable year begins

_____ My Domestic Partner is not a qualifying child of any taxpayer for any taxable year beginning in the calendar year in which such taxable year begins.

I understand that it is my obligation to inform the MTA if my Domestic Partner’s status changes and he or she no longer qualifies as my dependent. Failure on my part to do so will result in an incorrect amount of Federal tax withholdings and I may incur a penalty on my Federal income taxes or have to reimburse the Trust for unpaid payroll taxes.

I hereby certify that my Domestic Partner meets the IRS definition of “dependent” as that term is defined in the Internal Revenue Code Section 152 and agree to notify the MTA if my Domestic Partner’s status change s so that the MTA will withhold the proper amount.

Print Name

Signature

Date