**Checklist: Domestic Partner Benefits Administration**

Have you verified with your insurance carrier that domestic partners are covered under the existing plan? If not, can the plan be amended?

Do benefits materials and company policies provide a clear definition of a “domestic partner”?

Do benefits materials define a “spouse”?

Do benefits materials clearly define a “child” of a domestic partner?

Are the rules of benefits eligibility for domestic partners clearly defined?

Do the eligibility rules define whether coverage will be extended to the children of domestic partners?

Are there policies or procedures in place to determine that there is a valid domestic partner relationship? Is a signed employee affidavit a part of that process, and does the employer have a process for documenting that it has verified the relationship through any state registry in place for this purpose?

Is there a policy or procedure in place for terminating the coverage in the event of a death or dissolution of the relationship? Is a signed employee affidavit a part of that process?

Is the cost of domestic partner coverage included as taxable income to the employee when health coverage is provided to a domestic partner (or to his or her child) who is not the employee’s Code §105(b) tax dependent?

Have you determined if domestic partner benefits will provide for COBRA coverage?

Do benefits plan documents consider relevant state laws with regard to what benefits are offered?

Does the company intend to extend FMLA-like benefits to domestic partners who would not qualify under the definition of a spouse and would not be eligible for federal FMLA leave? Is there a policy or procedure in place to support domestic partners’ FMLA-like needs?

Have the retirement plans been examined and appropriate amendments made to include domestic partners as an allowable beneficiary?

Have bereavement policies been reviewed and updated to include domestic partners?