



DOMESTIC PARTNER ELIGIBILITY REQUIREMENTS

Domestic Partners who are: Registered Same Sex Couples; or
Opposite Sex Couples

Enrollment Requirements: Completion of MCSIG Enrollment form
Request for enrollment must be received within 31 days of first becoming eligible for coverage. Your Domestic Partner is eligible for coverage on the first of the following month

Termination Requirements: Completion of MCSIG Change Form
Copy of Official Termination of Domestic Partnership

Domestic Partners who are: Registered
Opposite Sex Couples meeting eligibility requirements

Enrollment Requirements:

1. Completion of MCSIG Enrollment Form
2. Completion of MCSIG Declaration of Domestic Partnership
3. Same Sex: State Declaration of Domestic Partnership
4. Opposite Sex:
 - Are at least 18 years of age;
 - Are mentally competent to consent to a contract;
 - Have shared a regular and permanent residence for the past 2 years immediately preceding the application for coverage (example: driver's license, address, tax return, etc.);
 - Are jointly responsible to each other for basic living expenses. Basic living expenses are defined as the expenses supporting daily living (i.e., shelter, food, clothing) and contributions need not be equal;
 - Are not currently married to another person;
 - Have not signed a declaration of a domestic partnership with the same or another individual in the previous 12 months period;
 - Are not blood relatives any closer than would prohibit a legal marriage in the state of California;
 - Are financially interdependent as provided by at least two of the four categories listed below (2 documents minimum):
 - Common ownership/leasehold interest in real property
 - Common ownership of a motor vehicle
 - Joint bank/credit account
 - Designation as a beneficiary for life insurance or retirement benefits
 - Have documentation showing the relationship has existed for great than 2 years (this documentation may be one from the list above or a third document).

Termination Requirements: Completion of MCSIG Change Form
Copy of Official Termination of Domestic Partnership