

## DOMESTIC PARTNER ELIGIBILITY REQUIREMENTS

## **Domestic Partners who are:**

Registered Same Sex and Opposite Sex Couples eligibility requirements

## **Enrollment Requirements:**

Completion of MCSIG Enrollment form or Change Form (as applicable) Request for enrollment must be received within 31 days of first becoming eligible for coverage <u>Copy of Certificate of Registered Domestic Partnership</u> from the <u>State of California</u> Coverage commences on the first of the month following the qualifying event Dependents - Child of an enrolled employee or domestic partner under 26 years of age:

- ° Natural child (Copy of certified birth certificate)
- <sup>°</sup> Adopted child (Final adoption papers)
- <sup>o</sup> Step child (Copy of certified birth certificate; copy of certified marriage certificate of parent and step-parent may be required)
- ° Child of covered domestic partner (Copy of certified birth certificate)
- <sup>o</sup> Child under legal guardianship; a child under a court ordered legal guardianship of the employee is eligible for coverage (Copy of court record of legal guardianship)

## **Termination Requirements:**

Completion of MCSIG Change Form Official Termination of Domestic Partnership