



**Security Benefit Fund**  
Of the  
**Uniformed EMT's Paramedics & Fire Inspectors**  
**Of District Council 37 AFL=CIO**  
150-39 14<sup>th</sup> Ave 2<sup>nd</sup> Fl Whitestone NY, 11357

## DOMESTIC PARTNER CHECKLIST

### **Introduction**

A Domestic Partnership is a legal relationship permitted under the laws of the State and City of New York for couples that have a close and committed personal relationship. The Domestic Partnership Law recognizes the diversity of family configurations, including lesbian, gay, and other non-traditional couples.

### **Fee**

The fee to register a Domestic Partnership is \$36 by credit card or money order payable to the City Clerk.

### **Requirements**

You and your partner may register to become a Domestic Partnership if you meet the following requirements:

- Both you and your partner are New York City residents or at least one of you is employed by the City of New York on the date of registration.
- Both persons are 18 years of age or older.
- Neither you nor your partner is married or related by blood in a manner that would bar his or her marriage in New York State.
- Both of you have a close and committed personal relationship, live together, and have been living together on a continuous basis.
- You and your partner must be able to truthfully state an identical residential address on the application form for the Domestic Partnership.
- Neither you nor your partner is currently in another Domestic Partnership or has been registered as a member of another Domestic Partnership within the last six months.

### **Application Procedure**

- If you and your partner wish to register as Domestic Partners, you will need to pick up the affidavit from one of our office locations.
- To complete the registration, you must both return to our office with the completed Domestic Partnership affidavit.
- The Domestic Partnership affidavit must be signed by both partners and notarized. Notarization is offered in the Offices of the City Clerk.
- Each partner must present an acceptable form of identification.

## Required Types of Identification

Acceptable forms of identification for the Domestic Partnership application are:

- Valid driver license or non-driver identification card issued by the Department of Motor Vehicles (from the United States or any of its territories)
- Original Birth Certificate
- Passport
- Official School Record
- United States Immigration Card
- Employee Identification Card

## Certificate of Domestic Partnership

- Once your application has been processed and the fee has been paid, the cashier will present you and your partner with the Certificate of Domestic Partnership.
- You may purchase additional Certificates for an additional fee of \$9 by credit card or money order payable to the City Clerk. Your Certificate constitutes notice of a registered Domestic Partnership when you or your partner applies for rights and benefits available to Domestic Partners.
- These rights include, but are not limited to:
  - Bereavement leave and child care leave for City employees;
  - Visitation in a City correctional and juvenile detention facility;
  - Visitation in facilities operated by the New York City Health and Hospitals Corporation;
  - Eligibility to qualify as a family member to be added by the New York City Housing Authority to an existing tenancy as a permanent resident;
  - Eligibility to qualify as a family member entitled to succeed to the tenancy or occupancy rights of a tenant or cooperator in buildings under the jurisdiction of the Department of Housing Preservation and Development;
  - Health benefits provided by the City of New York and employees and retirees and eligible members of their family pursuant to stipulation or collective bargaining; and
  - Such other rights as may be established pursuant to applicable law.

## Apply for Domestic Partner Health Benefits

Fill out and forward a [Health-Benefits-Application](#) *with a copy of your Certificate of Domestic Partnership* to:

NYC Office of Labor Relations  
Health Benefits Program-Domestic Partner Unit  
40 Rector Street, 3<sup>th</sup> Fl  
NYC, NY 10006

Phone Contact # 212 306 0693

NEVER SEND ORIGINAL DOCUMENTS / RETAIN A COPY FOR YOUR RECORDS  
ALL CORRESPONDANCE TO BE SENT

USPS CERTIFIED MAIL RETURN RECEIPT

## **Apply for Domestic Partner Welfare Benefits**

**Once your Health Benefits Application is processed you will receive notification of the start date of your partner's benefits.**

Fill out a [Change Of Status Form](#)

- 1) A copy of your Certificate of Domestic Partnership*
- 2) A copy of the Health Benefits Application*
- 3) The verification letter from The Office of Labor Relations*

Submit all four documents to:

DC 37 Health & Security  
125 Barclay Street NY,  
NY 10007

Phone 212 815 1234

Fax 212-298-9880

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