DOMESTIC PARTNER BENEFITS

As an employee of Cleveland Clinic, you have the opportunity to enroll in a series of benefit programs designed to meet a variety of needs and preferences. Cleveland Clinic understands that lifestyles and family situations can differ greatly among employees and respects those differences. Therefore, same-gender domestic partners of Cleveland Clinic employees are eligible for coverage under Cleveland Clinic group Health, Dental and Vision Plans.

*Please Note:* Domestic Partner Benefits are not available to employees of Marymount Hospital.

**Eligibility**

If you are a regular full-time or part-time benefits-eligible employee, you are eligible to enroll in Domestic Partner Benefits as of your date of hire with Cleveland Clinic. You and your domestic partner must meet all of the following criteria:

- You are each of the same gender.
- You are each 18 years of age or older and mentally competent to enter into contracts.
- You reside in the same household with each other.
- You have been in a committed relationship with each other for at least six months, intend to remain in such relationship indefinitely and have no such relationship with anyone other than each other.
- You have joint responsibility for each other’s welfare and financial obligations.
- You are not related by blood to a degree that would prohibit marriage under the law of the state in which you reside.
- You are not currently married to any other person under either statutory or common law.

If you enroll your domestic partner in Domestic Partner Benefits, the children of your domestic partner are also eligible for Domestic Partner Benefits as long as they meet the definition of eligible dependent children under the Cleveland Clinic Employee Health Plan. Your natural children or legally adopted children who meet the definition of eligible dependent under the Cleveland Clinic Employee Health Plan may be enrolled for benefits when you make your own benefit elections under the BeneFlex Program.

**Benefit Plans**

The benefit plans that are available to domestic partners are the Health, Dental and Vision Plans. Life insurance coverage for domestic partners is not allowed. However, your domestic partner may be named as a designated beneficiary under your life insurance benefit. With regard to the Medical and Dependent Care Flexible Spending Accounts, IRS regulations do not allow coverage of expenses under the Flexible Spending Account for your domestic partner.

**Changes During the Plan Year**

Benefits you elect during the open enrollment period are generally effective throughout the following calendar year, January 1 through December 31. IRS regulations limit benefit changes during the year under the BeneFlex Program. The same type of limitations apply to your elections regarding coverage for your domestic partner. Examples of life status events specific to domestic partners include:

- New domestic partnership established and the appropriate Affidavit of Domestic Partnership and enrollment forms are completed.
- Ending your domestic partner relationship by completing the Affidavit of Termination of Domestic Partnership form.
**Termination of Coverage**

If your relationship with your domestic partner ends, or you no longer meet all of the requirements (for example, you no longer reside in the same household), you are no longer considered to have a domestic partner relationship and your former domestic partner is no longer eligible for Cleveland Clinic Domestic Partner Benefits. In this situation, you must complete and file the **Affidavit of Termination of Domestic Partnership** form within 31 days from the date the domestic partnership ends.

Under COBRA regulations, a domestic partner is not a COBRA-qualified beneficiary. However, Cleveland Clinic does extend COBRA continuation coverage to your domestic partner and/or your domestic partner’s children after their benefits are terminated. If your domestic partner and/or your domestic partner’s children should need continuation coverage, you will need to contact Jeanne Steimle in Total Rewards at 216-448-0279 within 31 days of the loss of coverage, including your termination of employment.

**Tax Consequences**

Under current federal and state law, the amount you pay towards the cost of domestic partner coverage must be made on an after-tax basis. Additionally, the full cost of benefits coverage for your domestic partner, less the amount of your after-tax contribution, is added to your income and subject to ordinary federal, FICA, state, local, and any other applicable payroll taxes. This amount of additional taxable income will be shown on your paychecks and reported on your W-2 at the end of the year.

If both domestic partners are employees eligible for Cleveland Clinic benefits, each should enroll for benefits separately under the BeneFlex Program because of the tax consequences associated with Domestic Partner Benefits.

**Bereavement Leave**

In addition to the benefit plans, the Bereavement Leave Policy includes Domestic Partner in the definition of immediate family members. In order to be eligible for Bereavement Leave, a signed **Affidavit of Domestic Partnership** must be on file in the Compensation & Benefits Department prior to the time the Bereavement Leave is requested.

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*If you are interested in receiving additional information regarding the eligibility requirements and the enrollment process, please contact Jeanne Steimle in Total Rewards at 216-448-0279.*