DOMESTIC PARTNER HEALTH INSURANCE BENEFIT POLICY
University of Wyoming

A University of Wyoming employee might be eligible to receive a financial benefit to assist in paying for individual health insurance obtained elsewhere by a same or opposite-sex domestic partner. For the employee to be eligible, both the employee and the domestic partner must:

1. be legally competent to enter into a contract and at least 18 years of age;
2. not be in a marriage that would qualify the spouse for coverage in the State of Wyoming group health insurance plan;
3. not be related by blood in any way that would prohibit marriage in the state in which they legally reside;
4. be responsible for each other’s common welfare and are each other’s sole domestic partner; and
5. comply with at least one of the following conditions:
   a. share a common residence and understand that partners may share a common residence even if any of the following conditions apply:
      i. only one partner has legal ownership of the residence, if ownership is applicable, or only one partner is lessee, in the case of a lease;
      ii. one or both partners have additional residences not shared with the other partner;
      iii. one partner leaves the common residence with the intent to return.
   b. joint ownership of real property is held with rights of survivorship, or
   c. joint responsibility is borne for a mortgage.

In addition, the following criteria must be met:

1. the employee participates, and will continue to participate, in the State of Wyoming health insurance plan; and
2. the domestic partner and legal dependents of the domestic partner will not be eligible for employer provided insurance during the period in which this benefit is received.

A new employee must apply for the domestic partner benefit within 31 days of eligibility by submitting to Human Resources:

1. the Affidavit of Domestic Partnership; and
2. proof of the domestic partner premium amount paid to an insurance company for individual coverage by the domestic partner.

Existing employees may apply for the benefit during an annual open enrollment period or when proof is provided that the domestic partner loses eligibility for other coverage.

The employee receiving the domestic partner benefit must annually provide proof to Human Resources of the current premium being paid by the domestic partner. A new Affidavit of Domestic Partnership must be completed each time there is a change in the status of the domestic partnership. The new Affidavit must be submitted to Human Resources within 60 days of the change in status. If the partnership ends or the partner becomes eligible for coverage under an employer provided health insurance plan, coverage in benefit programs will terminate on the last day of the month in which either occurs.

Revised 10/10/13
The monthly amount of the domestic partner benefit is the difference between the current employer contribution for Employee and Employee plus Spouse coverage, or the actual cost of the individual insurance, whichever is less. If the domestic partner has also obtained individual coverage for dependents who are not dependents of the employee, the monthly benefit is the difference between the current employer contribution for Employee Only and Family coverage, or the actual cost of the individual coverage, whichever is less.

The employee and domestic partner are responsible for locating and securing individual coverage for the partner and qualifying dependents of the partner. The benefit does not guarantee coverage by a private insurance carrier. Employer provided coverage to the domestic partner, such as COBRA, retiree insurance, or student insurance, does not qualify for the domestic partner benefit.

The University reserves the right to require proof that the domestic partnership meets the eligibility criteria and to modify its policy on domestic partner benefits at any time.