



Return to:
PSC-CUNY Welfare Fund
 61 Broadway, 15th Floor
 New York, NY 10006

APPLICATION FOR WELFARE FUND BENEFITS FOR DOMESTIC PARTNERS

Member's Name Last: _____ First: _____ M.I.: _____
 SSN: _____ Sex: M [] F [] DOB: ____/____/19____
 Street: _____ Apt: _____ Tel# _____
 City: _____ State: _____ Zip: _____
 Member's College: _____ Status: Active [] Retired []
 NYC Health Insurance Coverage: _____ Date of Eligibility: ____/____/____

DESIGNATED BENEFICIARY (DOMESTIC PARTNER'S NAME):

Last: _____ First: _____ M.I.: _____
 SSN: _____ Sex: M [] F [] DOB: ____/____/19____
 Street: _____ Apt: _____ Tel# _____
 City: _____ State: _____ Zip: _____

DEPENDENTS

Dependent Children (If unmarried between ages of 19 and 23 or 25 (depending on the Health Insurance you are in) and a full-time student, please indicate college and expected date of graduation). If not your natural child, indicate in each case whether adopted or stepchild and date.

Name	College	Date of Grad.	Status
			[] Natural [] Adopted [] Stepchild Date: __/__/__
			[] Natural [] Adopted [] Stepchild Date: __/__/__

IMPORTANT NOTES:

1) TAX CONSEQUENCES OF HEALTH BENEFITS FOR DOMESTIC PARTNERS

You should be aware that, under IRS rulings, if your domestic partner is not a 'dependent', within the meaning of the Internal Revenue Code, the amount paid by an employer attributable to coverage of a domestic partner is treated as part of the participant's gross income for Federal tax purposes. Consequently, unless you have indicated and provided proof to the Health Benefits Program (e.g. a copy of a recent tax return) that your domestic partner is your dependent; the value of this benefit must be included as income in your Federal tax return for the applicable year. State and local tax treatment of the amount in question will vary among jurisdictions. You should consult the applicable laws and/or a tax professional to ascertain how the amount should be treated in your case.

This is to certify that I wish to designate the above named Domestic Partner as a beneficiary of the PSC-CUNY Welfare Fund Program. I understand that the value of these benefits will be a taxable income to me unless the designated beneficiary qualifies as my dependent under the Internal Revenue Code. The designation will remain in force until revoked by me.

Member's Signature _____ Date _____