Return to:
PSC-CUNY Welfare Fund
P.O. Box 280278 Brooklyn, NY 11228
Office: 212-354-5230 www.psscunywf.org

APPLICATION FOR WELFARE FUND BENEFITS FOR DOMESTIC PARTNERS

Member's Name Last: _____ First: _____ M.I.:__

SSN: _____ Sex: M☐ F☐ U☐ 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):

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 / SAME SEX SPOUSES

You should be aware that, under IRS rulings, if your domestic partner / same sex spouse 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 / same sex spouse 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 / same sex spouse 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 / Same Sex Spouse as a beneficiary of the PSC-CUNY Welfare Fund Program. I understand that the value of theses befits 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