

Life Partnership Registration Packet

Over 9,375 employers, including 266 Fortune 500 companies, 8,657 private sector companies, 13 state governments, 145 city and county governments, and 303 colleges and universities offer life partner health benefits.

The City of Philadelphia is proud to have a life partnership policy. On May 7, 1998, City Council passed bills that collectively created life partnership policy. Then Mayor Edward G. Rendell signed the bills into law on May 19, 1998, thus marking a historical advancement in civil rights for all people.

The City of Philadelphia's life partnership bills areas follows:

Bill No. 9707050 amended the City's Fair Practices Ordinance to include a definition of Life Partnership being a long-term committed relationship between two unmarried individuals of the same gender. It prohibits discrimination based on marital status in employment, housing, public accommodation, and the provision of City services. It effect, the bill made Life Partners of City employees eligible for benefits under the City's and municipal union's various employee health plans. (*Philadelphia Code Chapter 91100*)

Bill No. 970745 amended the City's Retirement System Ordinance to allow members of the Retirement System to name as beneficiaries and survivors any person designated by the employee, which could include one's Life Partner. (*Retirement System Ordinance and Municipal Retirement Benefit Plan Ordinance*)

In brief, Life Partnership is a long-term committed relationship between two individuals who:

- ✓ Are of the same sex.
- ✓ Agree to share the common necessities of life.
- ✓ Agree to be responsible for each other's welfare.
- ✓ Are not related by blood.
- ✓ Are not married.
- ✓ Share at least one residence.
- ✓ Is the sole Life Partner of the other person.

To be recognized as Life Partners, same-sex couples must register through the Philadelphia Commission on Human Relations (PCHR).

There area number of benefits and rights granted to all registered Life Partners in Philadelphia.

- ✓ Newly registered partners receive a *Life Partnership Verification Statement Letter* issued by the City of Philadelphia as official proof of their registration.
- ✓ Registration allows for the collection of important statistics on same-sex relationships. It establishes and documents how officially recognized Life Partnerships might exist.

- ✓ For employees of the City of Philadelphia, registration makes their Life Partners eligible for benefits under the City's and their union's various employee benefit plans (i.e. medical coverage, leave, etc.)
- ✓ City employees may designate their Life Partner or any other person as a beneficiary of their retirement benefits.

There is no fee for registration. However, an optional *Certificate of Life Partnership* is available for a fee of \$10. If you wish to have a *Certificate of Life Partnership*, please make a check or money order for the amount of \$10.00 payable to the **City of Philadelphia** and mail it to the Philadelphia Commission on Human Relations, Attn: Life Partnership, The Curtis Center, 601 Walnut Street, Suite 300 South, Philadelphia, PA 19106.

How Do We Register?

Life Partners will need to provide supporting documents as evidence of their relationships. Applicants must submit a notarized *Life Partnership Verification Statement* (available below) and proof of at least three of the following:

- ✓ Common ownership of property or lease.
- ✓ Common ownership of a vehicle.
- ✓ Driver's license listing a common address.
- ✓ Joint bank or credit accounts.
- ✓ Designation as a beneficiary of life insurance, retirement benefits or under a partner's will.
- ✓ Assignment of durable power of attorney or health care power of attorney.

All three forms of documentation submitted to verify your partnership, **MUST BE DATED AND AT LEAST SIX MONTHS OLD.**

A complete *Life Partnership & Information Packet* is available below. The *Packet* includes the following:

- ✓ Complete registration information.
- ✓ *A Life Partnership Verification Statement. --"*
Detailed information about rights and benefits.

You may mail the required notarized *Life Partnership Verification Statement* and three forms of the required documentation to:

**The Philadelphia Commission on Human Relations
Life Partnership Registration
The Curtis Center
601 Walnut Street, Suite 300 South
Philadelphia, PA 19106**



PHILADELPHIA COMMISSION ON HUMAN RELATIONS

DOMESTIC PARTNERSHIP REGISTRATION PACKET

About Domestic Partnership

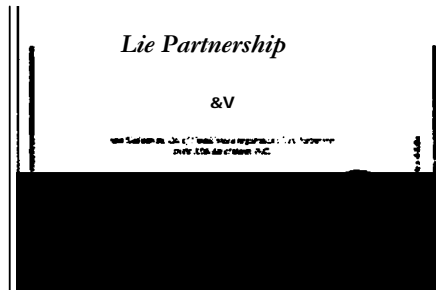
Over 65 states or municipalities in the United States have domestic partnership policies. In addition over 229 employers offer employment benefits to same gender partners. Through these policies, lesbian and gay couples are given recognition of their relationships. They often grant benefits and rights to domestic partnerships as they would to married couples, dependents, and families.

Domestic Partnership In Philadelphia

The City of Philadelphia is proud to have a domestic Partnership policy. On May 7, 1998, City Council passed three bills that collectively created domestic partnership policy including the amendment of the Fair Practices Ordinance. Then Mayor Edward G. Randall signed them into law on May 19, 1998. This marked a historical advancement in civil rights for all people.

Domestic Partnership is Life Partnership

In Philadelphia, domestic partnership is Life Partnership' according to law. To be recognized as "Life Partners" same-gender couples must register with the City of Philadelphia through the Philadelphia Commission on Human Relations.



About this Packet

This packet is designed to help you register as Life Partners with the City of Philadelphia.

Enclosed In this packet are the following materials.

- Your Guide
- FAQ Sheet
- Regulation 325
- Life Partnership Verification Statement
- Joint Life Partnership Termination Statement
- Individual Life Partnership Terminator Statement
- Termination Statement Proof of Service

A separate brochure is also available by request.

We look forward to receiving your registration.

Need Help?

If you have questions, please call (215) 686-4670.



Your Guide

HOW TO REGISTER YOUR LIFE PARTNERSHIP

**PHILADELPHIA
COMMISSION ON
HUMAN RELATIONS**
THE CURTIS CENTER
601 WALNUT STREET
SUITE 300 SOUTH
PHILADELPHIA, PA 19106

TEL: (215) 686-4670

FAX: (215) 686-4684

E-Mail: faqpchr@phila.gov

www.phila-gov/humanrelations

Here is a simple step-by-step guide.

1. *REVIEW THE CONTENTS OF THIS PACKET.*
Familiarize yourself with the FAQ sheet, regulations, and forms.
2. *PREPARE ONE LIFE PARTNERSHIP VERIFICATION STATEMENT*
Fill out the two-page 'Life Partnership Verification Statement' but do not sign it yet. Both partners must sign the Statement in the presence of a Notary Public. Be sure to type or print legibly in blue or black ink.
3. *PREPARE & ATTACH COPIES OF SUPPORTING DOCUMENTS*
Make photocopies of supporting documents you are submitting as evidence with your 'Life Partnership Verification Statement'. You must provide proof to meet at least three (3) out of the six (6) criteria. Be sure these photocopies are legible. Attach these documents to the Statement.
4. *SIGN AND NOTARIZE YOUR VERIFICATION STATEMENT*
Have your Verification Statement with attachments notarized. Remember, each partner must sign the form in the presence of a Notary Public.
5. *CEREMONIAL 'CERTIFICATE OF LIFE PARTNERSHIP' REQUEST - OPTIONAL*
You may request in writing a ceremonial 'Certificate of Life Partnership' for a fee of \$10. Please make checks payable to the Philadelphia Commission on Human Relations. Submit this written request with your Life Partnership Verification Statement.
6. *MAKE YOURSELVES A PHOTOCOPY*
For your records, make a photocopy of your completed Verification Statement.
7. *SUBMIT YOUR VERIFICATION STATEMENT*
Mail or hand deliver your completed and notarized Verification Statement with attachments to our offices. You may also register in person.

After we have reviewed your Verification Statement, we will notify you by mail. Verified applicants will receive a 'Life Partnership Verification Acceptance Letter', which serves as official proof of registration. If requested, a ceremonial 'Certificate of Life Partnership' will accompany the Letter.

If you have questions about registering, please contact the Philadelphia Commission on Human Relations at (215) 686-4670.



PHILADELPHIA
COMMISSION ON
HUMAN
RELATIONS

THE CURTIS CENTER
601 WALNUT STREET
SUITE 300 SOUTH
PHILADELPHIA, PA 19106

TEL: (215) 686-4670
FAX: (215) 686-4684

HELPFUL NUMBER:
PHILADELPHIA
DEPARTMENT OF
REVENUE
(215) 686-6433

REFERENCES:
CHAPTER 9-110 OF THE
PHILADELPHIA CODE,
ENTITLED
"FAIR PRACTICES"

RETIREMENT SYSTEM
ORDINANCE AND THE
MUNICIPAL RETIREMENT
BENEFIT PLAN

QUESTIONS?
CALL THE
PHILADELPHIA
COMMISSION
ON HUMAN RELATIONS
AT (215) 686-4670

FAQ Sheet

FREQUENTLY ASKED QUESTIONS ABOUT LIFE PARTNERSHIP

DO BOTH PARTNERS IN THE LIFE PARTNERSHIP HAVE TO BE OF THE SAME GENDER?

Yes.

IS OUR LIFE PARTNERSHIP VERIFICATION STATEMENT CONFIDENTIAL?

No. Verification of a Life Partnership has important legal ramifications, and such statements must remain on file as public records. It also allows for the collection of important statistics on same-gender relationships.

However, the supporting documents filed with your Verification Statement will be returned to you after a confidential review and thus will not become public record.

WHAT SERVES AS PROOF OF VERIFICATION OF OUR LIFE PARTNERSHIP?

The *Life Partnership Verification Statement Acceptance Letter* is proof.

How Can I Receive A Ceremonial Certificate Of Life Partnership?

A ceremonial *Certificate of Life Partnership* evidencing the verification of your Life Partnership is available by written request for a fee of \$10.00. If you wish to have a *Certificate of Life Partnership*, please make a check or money order made payable to the "City of Philadelphia," and mail it to the Philadelphia Commission on Human Relations, Attn.: Life Partnership, The Curtis Center, 601 Walnut Street, Suite 300 South, Philadelphia, PA 19106. Occasionally, we may conduct public ceremonies to present Life Partners their Certificate. Participation is optional. Contact us for more information.

WHAT HAPPENS IF THE LIFE PARTNERSHIP ENDS?

Either partners or one partner must file a Life Partnership Termination Statement.

WILL MY PRIVATE EMPLOYER GRANT MY LIFE PARTNER SPOUSAL BENEFITS?

This law does not apply to private employers whose employee benefit plans are governed by ERISA (Employee Retirement Income Security Act) to provide benefits to Life Partners of employees. However, many private employers voluntarily offer domestic partnership benefits.

WHAT TAX ADVICE CAN THE CITY OFFER?

Registered Life Partners are advised to consult with their accountant, financial planner, or attorney before applying for any benefit.

DOES LIFE PARTNERSHIP CHANGE STATE AND FEDERAL LAWS?

No. The local ordinance does not affect state or federal law in many areas including but not limited to property rights, custody, and inheritance.



FAQ Sheet

FREQUENTLY ASKED QUESTIONS ABOUT LIFE PARTNERSHIP FOR CITY OF PHILADELPHIA EMPLOYEES

**PHILADELPHIA
COMMISSION ON
HUMAN
RELATIONS**

THE CURTIS CENTER

601 WALNUT STREET

SUITE 300 SOUTH

PHILADELPHIA, PA 19106

TEL: (215) 686-4670

FAX: (215) 6964684

E-Mail: fcipchv@ohhs.gov

www.phila.gov/humanrelations

HELPFUL NUMBERS
FOR CITY EMPLOYEES:
PERSONNEL DEPARTMENT
(215) 696-2325

BOARD OF PENSIONS
RETIREMENT
(215) 686-7400

PHILADELPHIA DEPARTMENT
OF REVENUE
(215) 696-5433

HOW DO I GET MEDICAL BENEFITS FOR MY REGISTERED LIFE PARTNER?

Life Partners of employees are eligible to receive benefits on the various employee benefit plans.

For employees in the City administered plan, the employee has 30 days from the date of the Life Partnership Verification Statement Acceptance Letter to enroll the partner in a health plan. If they do not, they must wait until the next open enrollment period. Effective date in the medical plan will be the first of the month following the date of the Acceptance Letter. To apply for this benefit, the employee should contact his/her departmental benefits administrator.

For employees in a municipal union administered medical plan, they are advised to contact their appropriate union plan administrator.

HOW WILL I BE TAXED FOR MEDICAL BENEFITS?

Cost between single level coverage and employee plus one coverage Life Partner for all medical plans will be included as imputed income in An employee's total gross income, which may be taxable under federal and state law.

For Federal Income Tax. The extension of medical benefits to a Life Partner will require the employee to recognize a taxable fringe benefit as "compensation for services" unless the Life Partner qualifies as the employee's dependent (as defined by Internal Revenue Code section 152). Amount of compensation recognized would be the excess of the fair market value of the employer-provided coverage for the Life Partner over the amount paid by the employee for such coverage. The Employers are required to withhold Federal taxes on such payments. The additional compensation will be reported on the employee's Federal Form W-2.

For Pennsylvania Personal Income Tax. The payments made by employers or labor unions for programs covering hospitalization, sickness, disability and death are not considered "compensation". The Pennsylvania Revenue Administrative Code does not limit the exclusion to an employee's spouse and dependents. Therefore, medical benefits paid for by an employer on behalf of an employee's life partner will not subject the employee to additional Pennsylvania Personal Income Tax (PIT).

For City of Philadelphia Wags Tax. The employee will have taxable Philadelphia compensation to the degree and extent that he/she recognizes Federal taxable compensation due to his/her employer providing life partner benefits. Any medical or other benefits that are taxable to an employee for Federal Income Tax purposes will also be considered additional Philadelphia compensation, which will be reported under "Philadelphia Wages" on Federal Form W-2. The employer is required to withhold Philadelphia taxes on such payments.

WHAT TAX ADVICE CAN THE CITY OFFER?

Registered Life Partners are advised to consult with their accountant, financial planner or attorney before applying for any benefits.

HOW DO I DESIGNATE ANYONE AS A BENEFICIARY OF RETIREMENT BENEFITS?

Effective May 19, 1988, City employees may designate any person as their pension beneficiary. Employees should contact their department personnel officer for more information. Please note, however, that generally retirees may not change their designated beneficiary after they have retired.



PHILADELPHIA COMMISSION ON HUMAN RELATIONS

The Curtis Center, 601 Walnut Street, Suite 300 South, Philadelphia, PA 19106 * (215) 686-4670

Regulation 325 Life Partner Verification

Section 325:01 Required forms.

The following forms attached to these Regulations as Exhibits "A" through "D" are hereby approved as the official forms, which must be used pursuant to Section 9-1106(2) of the Philadelphia Fair Practices Ordinance:

- A. Life Partnership Verification Statement
- B. Life Partnership Termination Statement (Joint)
- C. Life Partnership Termination Statement (individual)

Section 325:02 Notification of change of address.

Every Life Partner must notify the Commission in writing of any change of an address of residence (whether the joint residence of the Life Partners, or an individual residence) within thirty (30) days of such change.

Section 325:03 Effective Date of Termination Statement

Pursuant to Paragraph 9-1106(2) (c) of the Fair Practices Ordinance, if a Termination Statement is not signed by both Life Partners it becomes effective sixty (60) days from the date the Termination Statement Proof of Service (setting forth that a copy of the Termination Statement was served personally, or by certified or registered mail, on the other Life Partner) is filed with the Commission. For the purposes of that provision, service by certified or registered mail to the other Life Partner at the address on file with the Commission shall be deemed sufficient service.

Section 325:04 Return of required documentation.

All Life Partner Verification Statements, whether accepted or rejected, shall remain on file with the Commission. Upon final action by the Commission either accepting or rejecting a Life Partnership Verification Statement, the Commission shall return to the applicants all supporting documents filed by the applicants with the Life Partnership Verification Statement pursuant to Section 9-1106(2) (b) of the Fair Practices Ordinance. Provided that if the Commission has accepted a Life Partnership Verification Statement, it may at a later date request the Life Partners to resubmit supporting documentation.

Section 325:05 Fees.

The Commission will issue letters accepting or rejecting Verification Statements without a fee. Applicants whose Verification Statements have been accepted may also request a ceremonial certificate evidencing the verification of their Life Partnership for a fee of ten dollars.



PHILADELPHIA COMMISSION ON HUMAN RELATIONS

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Life Partnership Verification Statement

We hereby certify that we are members of a "Life Partnership" meeting each of the following requirements for the existence of a "Life Partnership" set forth in Section 9-1106(2) of the Philadelphia Fair Practices Ordinance:

1. A long-term committed relationship between two unmarried individuals of the same gender;
2. Both partners are at least 18 years old and competent to contract;
3. Partners are not related to each other by blood in any way, which would prohibit marriage in the Commonwealth of Pennsylvania;
4. Partners are the sole Life Partner of the other person;
5. Partners have not been member of a different Life Partnership for the past twelve months (unless the prior Life Partnership ended because of the death of the other Life Partner);
6. Partners agree to share the common necessities of life and to be responsible for each others common welfare;
7. Partners share at least one residence with the other Life Partner;
8. Partners agree under penalty of law to notify the Commission on any change in the status of the Life Partnership.

We are submitting with this Verification Statement evidence that we have been interdependent for at least six (6) months prior to the date this Verification Statement is filed, including proof of at least three of the following (check those items for which proof is submitted):

- Common ownership of real property or a common leasehold interest in property.
- Common ownership of a motor vehicle.
- Driver's license listing a common address,
- Proof of joint bank accounts or credit accounts.
- Proof of designation as a beneficiary for life insurance or retirement benefits or beneficiary designation under a partner's will.
- Assignment of a durable power of attorney or health care power of attorney.

We agree to provide the Philadelphia Commission on Human Relations a notarized Life Partnership Termination Statement within 30 days of the date of termination if our Life Partnership should terminate. We further agree that we will notify the Philadelphia Commission on Human Relations in writing of any change of an address of residence (whether our joint residence, or an individual residence) within.

Print Name _____ Print Name _____

Date _____ Date _____

Address – *Street _____ Address – *Street _____

City, State, Zip _____ City, State, Zip _____

Telephone Number _____ Telephone Number _____

City I.D. # (if applicable) _____ City I.D. # (if applicable) _____

Signed _____ Signed _____

For Notary Public

Subscribed and sworn to before me this _____ Subscribed and sworn to before me this
day of _____, 20____ day of _____, 20____



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JOINT LIFE PARTNERSHIP TERMINATION STATEMENT

We certify that we are no longer Life Partners and request that our Life Partnership be terminated. We understand that this termination will become effective sixty (60) days from the date this Termination Statement is filed.

Print Name _____ Print Name _____

Date _____ Date _____

Address – *Street _____ Address – *Street _____

City, State, Zip _____ City, State, Zip _____

Telephone Number _____ Telephone Number _____

City I.D. # (if applicable) _____ City I.D. # (if applicable) _____

Signed _____ Signed _____

For Notary Public

Subscribed and sworn to before me this _____ Subscribed and sworn to before me this

day of _____, 20____ day of _____, 20____

Notary Public _____ Notary Public _____



PHILADELPHIA COMMISSION ON HUMAN RELATIONS

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Individual Life Partnership Termination Statement

I certify that I am no longer a Life Partner with _____

I understand that this termination will become effective sixty (60) days from the date I file with the Commission a "Termination Statement Proof of Service" stating that a copy of this Termination Statement was either served, personally or by certified or registered mail, on my former *life* partner.

Print Name _____ Print Name _____

Address – Street _____ Address – Street _____

City, State, Zip _____ City, State, Zip _____

Telephone Number _____ Telephone Number _____

Signed _____ Signed _____

For Notary Public:

Subscribed and sworn to before me this

Subscribed and sworn to before me this

_____ day of _____, 20____

_____ day of _____, 20____

Notary Public _____

Notary Public _____