

PETITION ADOPTED BY

(NMPSIA Participating Employer Name)

**GOVERNING BODY GIVING NOTICE OF INTENT TO
(OFFER) (WITHDRAW)
DEPENDENT BENEFIT COVERAGES TO
DOMESTIC PARTNERS and/or PARTNER'S CHILD(REN)**

The Governing Body of _____
(Petitioner) having affirmatively voted in a meeting noticed and conducted pursuant to the Open Meetings Act petitions the New Mexico Public Schools Insurance Authority (Authority) as follows:

The Petitioner will **(offer) (withdraw)** employee domestic partner benefits, as such lines of coverage are provided by the Authority to its employees; and

The Petitioner will **(offer) (withdraw)** insurance eligibility to domestic partners and will (offer) (withdraw) the employer's share of the insurance premiums for domestic partners; and

The Petitioner understands that to **(offer) (withdraw)** such employee domestic partner benefits pursuant to the rules of the Authority, there must be an affirmative choice to **(offer) (withdraw)** that coverage and notice of such choice to the Authority; and

The Petitioner understands that in **(offering)** employee domestic partner benefits, as provided by the Authority rule, it **(may) or (may not)** choose to pay an employer contribution toward the employee's insurance premium for such coverage; and

The Petitioner understands that in order for an employee to be eligible to participate in employee domestic partner benefits, an Affidavit of Domestic Partnership must be provided in the form attached to this Petition as well as any further documentation required locally in support of the affidavit of domestic partnership;

THEREFORE, the members of the Governing Body of the Petitioner affirmatively choose to **(offer) (withdraw)** employee benefits to domestic partners as such benefits are provided by the Authority and hereby notifies the Authority of that choice. Petitioner hereby **(offers) (withdraws)** authorization of payment of employer contribution **(equal to that made for married employee benefits) or (0%)** of each employee's insurance premium for domestic partner benefits and such payment is conditioned on submission of an Affidavit in proper form establishing a domestic partnership and providing the information in support of the Affidavit. Petitioner request that the domestic partner coverage becomes effective _____.

Instructions:

This Petition must be submitted to the Authority for approval by the Authority Board of Directors for it to be effective. The enrollment period and effective date of Domestic Partner coverage shall be mutually agreed upon by the Petitioner and the Authority and set forth in the notice from the Authority indicating the approval and effective date for the domestic partner coverage.

Dependent Domestic Partners and/or Partner's child(ren) cannot be enrolled until an official approval has been made and sent to the Petitioner. Domestic partner coverage may be effective as soon as the first of the month following the Authority's Board Approval. Please indicate your requested effective date that allows for adequate notification and enrollment for benefits eligible employees.

Members of the Governing Body of the Petitioner:

Signed this _____ day of _____.

President

Member

Member

Member

Member

Member

Member

Member

Member