

Domestic Partner Verification

In addition to completing a Domestic Partner Affidavit when adding a domestic partner to coverage, the employee must provide proof of financial interdependence.

- Documents can contain the names of both parties or
- Two separate proofs can be provided.
 - One in the employee's name and one in the domestic partner's name showing matching addresses.

Documentation must show financial interdependence both within the past six months and at least 12 months prior to the effective date of coverage.

Period	Requirement	Primary Documents Required (printed on Audit Notices)	Verify rules and alternate documents (not printed on Audit Notices)
Domestic Partner (DP)—Age 18 and over			
Suppress Dependent Type: N			
If suppressing dependent type, all verification sets will be suppressed and not visible on notices. If suppressing a single set of document options, please indicate in Notes/Additional Rules.			
Affidavit Allowed: Client and/or State			
Notarization Required: Y			
Lubrizon Dependent Verification 2016	Your same- or opposite-sex domestic partner registered with a state that allows for same- or opposite-sex domestic partner relationships and meets the following requirements: <ul style="list-style-type: none"> ▪ Must be capable of consenting to the domestic partnership ▪ Must be each other's sole domestic partner in a long-term committed relationship and intend to remain so indefinitely ▪ Must not be related by blood in a way that would prevent you from being married to each other ▪ Must be financially interdependent ▪ Must not be legally married to someone else or a member of another domestic partnership 	Certificate of Domestic Partner Registration and Two Proof of Joint Ownership One Issued Within Last 6 Months and the other Proof of Joint Ownership Issued Over 12 Months OR <i>Notarized Affidavit of Domestic Partnership and Two Proof of Joint Ownership One Issued Within Last 6 Months and the other Proof of Joint Ownership Issued Over 12 Months</i>	Verify rules: State or Company Affidavit Alternate documents: Standard alternate documents apply.
Notes/Additional Rules:			
Justification for two-document requirement: Proof that the relationship initially existed, and proof that the relationship still exists.			
If only allowing current filing year for federal tax return (non-standard), the tax year will change on April 16 of each year.			

Lubrizol
Dependent
Verification

Proof of Joint Ownership
(POJ)

Maybe two separate documents—one in the participant's name and the other in the spouse's name, both showing the same address.

Standard proof of joint ownership includes:

- Mortgage statement
- Bank statement (bank account verification letter showing active status)
- Active lease agreement
- Homeowners Insurance
- Renters Insurance
- Credit card statement (includes: department stores; and care credit)
- Property tax
- Current-year state tax return listing spouse/partner
- Current-year mortgage interest/mortgage insurance
- Warranty deed
- Auto loans
- Current-year federal tax return listing the spouse/dependent as a dependent

You are not required to provide documentation at the time of enrollment. You will receive a verification request from Alight/PlanSmart at your home via US mail. Please keep in mind that your domestic partner's coverage is subject to imputed income. Imputed income is the amount paid by Lubrizol for the domestic partner's coverage and is considered taxable income. Imputed income is detailed on the rate sheet located on the benefits website. <https://benefits.lubrizol.com/>

Active Employees – Full-time and Part-time									
<small>(Employee + Domestic Partner and Employee + Domestic Partner/Children)</small>									
MEDICAL ¹	Single + DP			Single + DP and DP's Child(ren)			Single + DP and Employee's Child(ren) or Employee's and DP's Child(ren)		
	Your Contribution	Pre-Tax/ Post-Tax	Imputed Income ²	Your Contribution	Pre-Tax/ Post-Tax	Imputed Income ²	Your Contribution	Pre-Tax/ Post-Tax	Imputed Income ²
Core	\$17	\$0/\$17	\$267.52	\$25	\$0/\$25	\$502.11	\$25	\$8/\$17	\$267.52
Standard	\$86	\$31/\$55	\$261.63	\$122	\$31/\$91	\$511.69	\$122	\$67/\$55	\$261.63
Plus	\$164	\$66/\$98	\$272.47	\$235	\$66/\$169	\$552.57	\$235	\$137/\$98	\$272.47
OOA	\$86	\$31/\$55	\$261.63	\$122	\$31/\$91	\$511.69	\$122	\$67/\$55	\$261.63
Midland BCBS	\$76	\$25/\$51	\$258.33	\$93	\$25/\$68	\$395.40	\$93	\$42/\$51	\$258.33

DENTAL	Single + DP			Single + DP and DP's Child(ren)			Single + DP and Employee's Child(ren) or Employee's and DP's Child(ren)		
	Your Contribution	Pre-Tax/ Post-Tax	Imputed Income ²	Your Contribution	Pre-Tax/ Post-Tax	Imputed Income ²	Your Contribution	Pre-Tax/ Post-Tax	Imputed Income ²
Network PPO Dental	\$7	\$3/\$4	\$6.39	\$13	\$3/\$10	\$23.34	\$13	\$9/\$4	\$6.39
Comprehensive Dental	\$14	\$7/\$7	\$9.93	\$20	\$7/\$13	\$26.42	\$20	\$13/\$7	\$9.93

VISION	Single + DP			Single + DP and DP's Child(ren)			Single + DP and Employee's Child(ren) or Employee's and DP's Child(ren)		
	Your Contribution	Pre-Tax/ Post-Tax	Imputed Income ²	Your Contribution	Pre-Tax/ Post-Tax	Imputed Income ²	Your Contribution	Pre-Tax/ Post-Tax	Imputed Income ²
EyeMed Vision	\$7	\$4/\$3	\$0	\$11	\$4/\$7	\$0	\$11	\$11/\$3	\$0

Please send any domestic partner eligibility questions to benefits@lubrizol.com.