

ADMINISTRATIVE MANUAL  
TOWN OF LOS GATOS

Subject: Domestic Partner Policy

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Section Number:

Approved: 

Effective Date: March 1, 2009

PURPOSE

To provide a definition of an employee's Domestic Partner for the purpose of benefits coverage.

SCOPE

This policy applies to all benefitted employees of the Town of Los Gatos for Domestic Partner coverage for dental insurance, vision insurance, various life insurance programs, sick leave and bereavement leave. For Domestic Partner coverage for medical insurance and retirement, employees must follow CalPERS policies and procedures.

POLICY

Employees who are eligible for benefits have the option to register a Domestic Partner as a covered dependent for dental insurance, vision insurance, various life insurance programs, and for the use of sick and bereavement leave. The employee is responsible for the cost of additional premiums in the same manner as other covered dependents.

"Domestic Partner" means a person who, together with the Eligible Employee, has filed a Declaration of Domestic Partnership with Town of Los Gatos: The Eligible Persons are not related by blood closer than would bar marriage in the State of California; neither person is married to another or related by marriage to each other; they share the common necessities of life; are eighteen (18) years of age or older; and declare that they are each other's sole Domestic Partner and that neither has a different Domestic Partner. The employee is responsible to notify Town of Los Gatos of any change in status of their domestic partnership.

PROCEDURES

The employee must submit a Declaration of Domestic Partnership to Human Resources. The employees must notify Human Resources in writing within thirty-one (31) days of any termination of the domestic partnership. A written termination statement shall affirm that the partnership is terminated and that a copy of the termination statement has been mailed to the former partner. A former domestic partner is eligible for continued health coverage under COBRA.

APPROVED AS TO FORM:

  
Town Attorney

ATTEST FOR THE TOWN OF LOS GATOS

  
Clerk Administrator

**TOWN OF LOS GATOS  
DECLARATION OF DOMESTIC PARTNERSHIP**

We declare under penalty of perjury:

1. We have an intimate, committed relationship of mutual caring;
2. We live together at this address:

\_\_\_\_\_  
Address

3. We agree to be responsible for each other's basic living expenses during our domestic partnership; we also agree that anyone who is owed these expenses can collect from either of us;
4. We are both 18 years of age or older;
5. Neither of us is married;
6. Neither of us is related to the other as parent, brother or sister, half brother or sister, niece, nephew, aunt, uncle, grandparent or grandchild;
7. Neither of us has a different domestic partner now;
8. Neither of us had a different domestic partner in the last six months (this last condition does not apply if you had a partner who died)

We declare under penalty of perjury under the laws of the State of California that the statements above are true and correct.

Signature	Date
Print Name	

Signature	Date
Print Name	

**Definition:**

"Domestic Partner" means a person who, together with the Eligible Employee, has filed a Declaration of Domestic Partnership with **Town of Los Gatos**; The Eligible Persons are not related by blood closer than would bar marriage in the State of California; neither person is married to another or related by marriage to each other; they share the common necessities of life; are eighteen (18) years of age or older; and declare that they are each other's sole Domestic Partner and that neither has a different Domestic Partner. The Eligible Persons agree to notify **Town of Los Gatos** of any change in status of their domestic partnership.