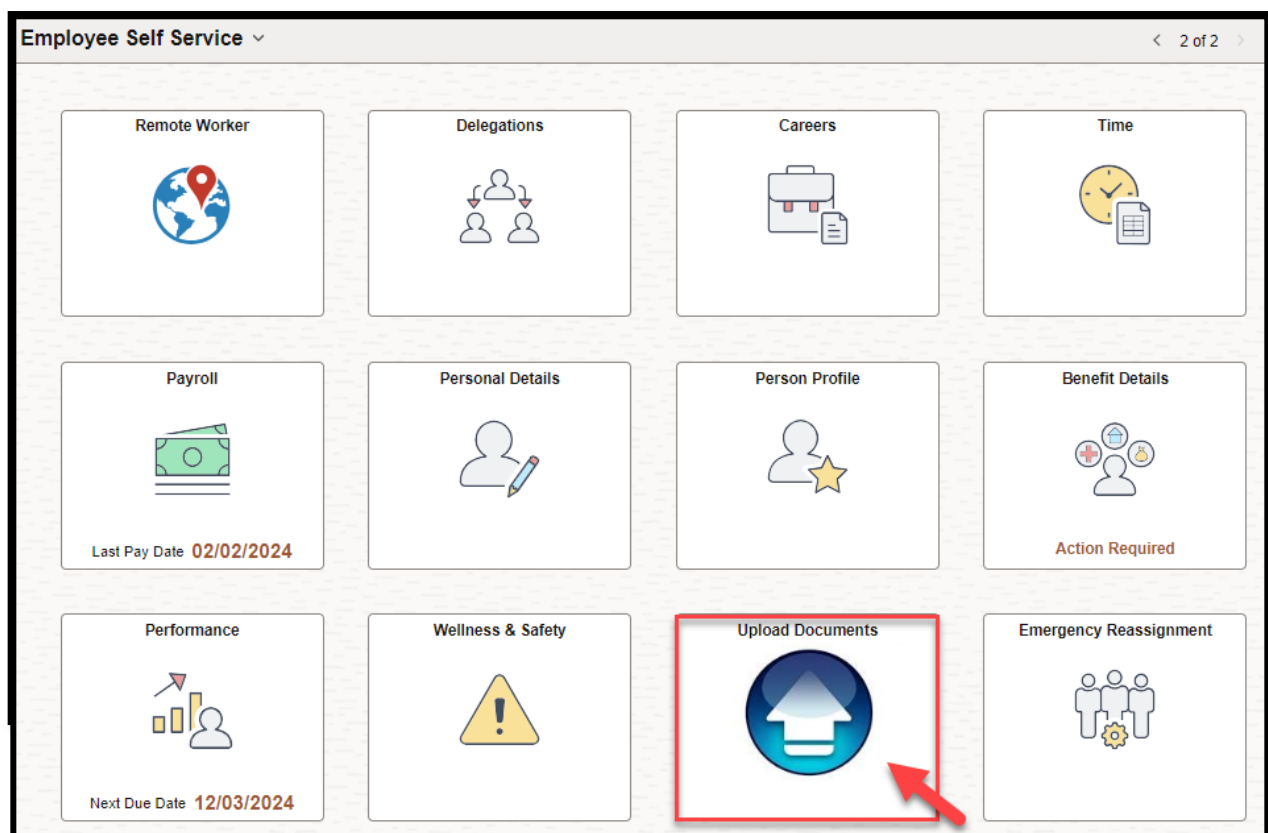


Submitting Domestic Partner Form

To add or drop a domestic partner you will need the following:

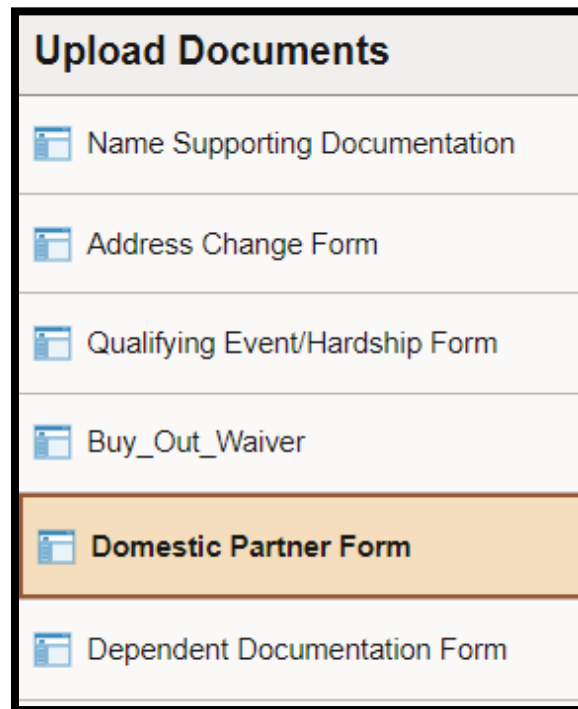
- **Adding: A Government Issued Domestic Partner certificate and Health Benefits Application**
- **Dropping: Proof of other coverage and Health Benefits Application**

1. After successfully authenticating and logging into [Employee self service](#), click on the ***Upload Supporting Documents*** tile.



Submitting Domestic Partner Form

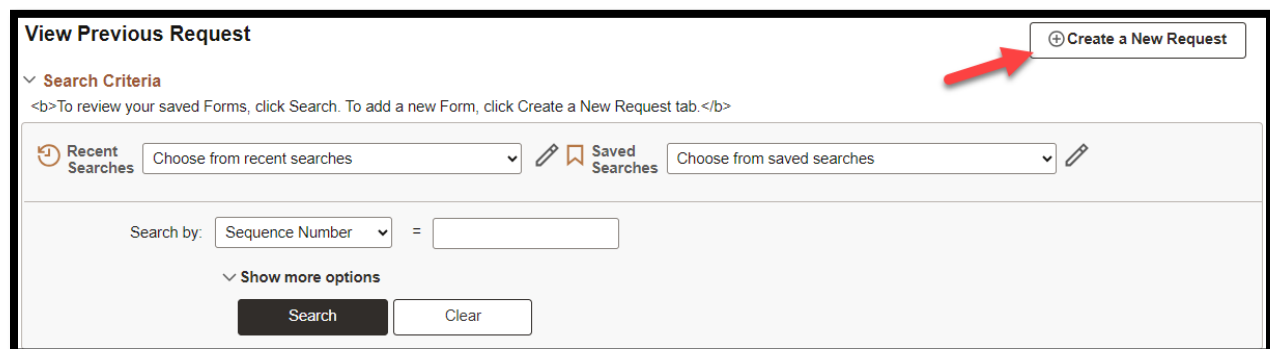
2. Select the appropriate form for your event. *(Be sure your selection is highlighted)*



The screenshot shows a web interface titled "Upload Documents". It contains a list of document types, each with a small icon and a text label. The "Domestic Partner Form" is highlighted with an orange background. The other options are "Name Supporting Documentation", "Address Change Form", "Qualifying Event/Hardship Form", "Buy_Out_Waiver", and "Dependent Documentation Form".

Upload Documents	
	Name Supporting Documentation
	Address Change Form
	Qualifying Event/Hardship Form
	Buy_Out_Waiver
	Domestic Partner Form
	Dependent Documentation Form

3. Select the **Create a New Request** tab to create a new form.



The screenshot shows a web interface titled "View Previous Request". In the top right corner, there is a button labeled "Create a New Request" with a red arrow pointing to it. Below the title, there is a section for "Search Criteria" with instructions: "To review your saved Forms, click Search. To add a new Form, click Create a New Request tab.". Below this, there are two search filters: "Recent Searches" and "Saved Searches", each with a dropdown menu and an edit icon. At the bottom, there is a search bar with a "Search by:" dropdown set to "Sequence Number", an equals sign, and an input field. Below the search bar, there is a "Show more options" link and two buttons: "Search" and "Clear".

View Previous Request

Create a New Request

Search Criteria
To review your saved Forms, click Search. To add a new Form, click Create a New Request tab.

Recent Searches Choose from recent searches

Saved Searches Choose from saved searches

Search by: Sequence Number =

Show more options

Search **Clear**

Submitting Domestic Partner Form

4. This will take you to the **Form** tab.

- You will then **answer the questions** posed on the form and provide an explanation for your request. If the request is outside of your event time frame explain the cause of your delay.
- Click the **Save** button, then proceed to the **Instructions** tab.

Form | Instructions | Attachments

Seq Nbr 132342 **Domestic Partner Form**

Please provide an explanation for your request in the "More Information" box; click the SAVE button and then proceed to the Instructions Tab.

Subject

Employee ID

Status Initial

*Have you added your Domestic Partner to your Health Plan in eBenefits through Self-Service? Yes

More Information

I would like to add my domestic partner to my coverage. Please see attached documents I have submitted along with my health benefit application.

Form | Instructions | Attachments

Submitting Domestic Partner Form

5. The **Instructions** tab will explain which supporting documents are acceptable, where to attach and how to submit your request.

Form
Instructions
Attachments

Domestic Partner Form

If you have not added your Domestic Partner to your Health Plan in eBenefits, please navigate to Main Menu>Self Service>Benefits>Benefits Enrollment, to update your Coverage and then submit applicable forms.

1. **Please go to the Attachments tab and attach the necessary documentation (see below for details).**
2. Review the document "Instructions for the Addition of Domestic Partners to City Health Plan Coverage" located on the Attachments tab.
3. Complete and attach a **Health Benefits Application** on the Attachments tab. This form can be viewed in a new window when clicking the **Open** link and then printed.
4. Please provide a Domestic Partner Affidavit Certificate; for partnerships of more than one year, also provide proof of joint ownership or proof of cohabitation.
 - For a complete list of required documentation, please go to the Attachments tab and click on the **Open** link for the **New Documentation Requirements**.
5. Click on the Attach button on the Attachments tab to submit a scanned copy of the certificate and any additional documentation.
6. **After attaching all required documents on the Attachments tab, return to the Form tab and click Submit.**

For instructions on how to scan and upload documentation, please read the How to guide on the ESS website: <http://ess.nychhc.org>

Form
Instructions
Attachments

Submitting Domestic Partner Form

6. After you have read the instructions, select the **Attachments** tab.

Click the **Open** links to view and/or print the different blank forms. Complete these form(s) with the appropriate information, if applicable.

Form
Instructions
Attachments

Seq Nbr 132350
Domestic Partner Form

Subject

After attaching all required documents, please return to the Form tab and click **Submit** to finish submitting your supporting documentation.

Download Templates

1-4 of 4

View All

	Description	Attached File	Open
1	Domestic Partner Enrollment	Domestic_Partner_Enrollment_Information.pdf View and/or print forms	Open
2	Dependent-Verification.pdf	Dependent-Verification.pdf	Open
3	Summary Program Description	SPF_Updated.pdf	Open
4	Health Benefits Application	health-benefits-application_Signature.pdf	Open

Submitting Domestic Partner Form

7. Then scan any supporting documents and attach the electronic documents by clicking the **Attach** button.

Upload your attachments

Click "Attach" to Begin attaching documents

	*Description	Attached File	Attach	Open		
1	<input type="text"/>		Attach	Open	+	

Form | [Instructions](#) | [Attachments](#)

8. You can add additional attachments by selecting the + button and delete them by selecting the - button.

Upload your attachments

1-3 of 3 Add another attachment View All

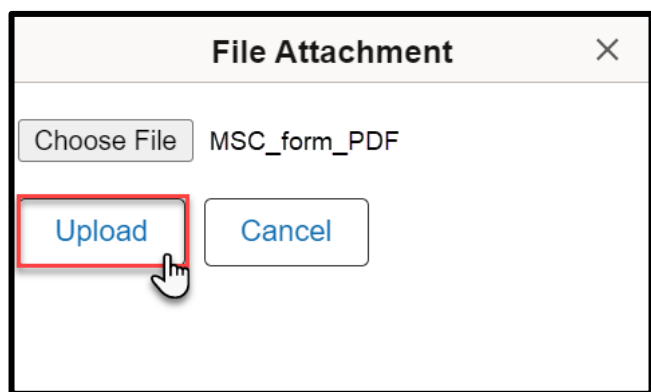
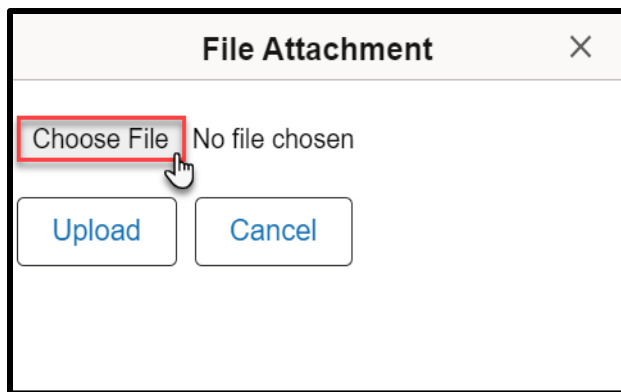
	*Description	Attached File	Attach	Open		Delete
1	<input type="text" value="Health-Benefits-Application.pdf"/>	Health-Benefits-Application.pdf	Attach	Open	+	-
2	<input type="text" value="Domestic_Partner_Letter_v2.doc"/>	Domestic_Partner_Letter_v2.docx	Attach	Open	+	-
3	<input type="text" value="Submitting_eBenefits_Supportin"/>	Submitting_eBenefits_Supporting_Documents.pdf	Attach	Open	+	-

Form | [Instructions](#) | [Attachments](#)

Open attachment

Submitting Domestic Partner Form

9. The File Attachment pop up appears. Click the **Choose File...** button to search for your document. After finding your document, click the **Upload** pushbutton to upload your document.



10. After you have attached all files, go back to the **Form** tab. Click the **Submit** button at the bottom for The File Attachment pop up appears. Click the Submit button at the bottom for the HRSS/HHC corporate benefits for review.

Submitting Domestic Partner Form

11. The following screen will appear that shows the status as Pending. Click the **OK** button at the bottom.

The screenshot displays a web interface for a 'Domestic Partner Form'. At the top, the title 'Domestic Partner Form' is centered. Below it, a 'Subject' field is visible. The main section is titled 'Review/Edit Approvers' in red. Inside this section, there is a list of items. The first item is 'Domestic Partner Form: 132342:Pending' with a 'View/Hide Comments' link. Below this, there is a 'Skipped' section with a warning icon and the text 'eBenefits_Approvals 03/01/24 - 4:36 PM'. Below that is a 'Pending' section with a clock icon and the text 'Multiple Approvers eBenefits_Approvals'. At the bottom of the list is a 'Comments' section. In the bottom left corner of the form, there is a red-bordered 'OK' button with a hand cursor pointing to it.

If you have any questions about your elections you can contact HRSS/NYC Health + Hospitals Corporate Benefits by phone at (646) 458-5634 or by email at HHCBenefits@nychhc.org.