



2024 BENEFITS GUIDE DOMESTIC PARTNERS



Metro[™]

TABLE OF CONTENTS



The Public Transportation Services Corporation was formed on August 10, 1997. PTSC is a component unit of the Los Angeles County Metropolitan Transportation Authority (Metro). Most former Metro Non-Represented and AFSCME employees are now PTSC employees, a small number of Non-Represented and AFSCME employees remain as Metro employees.

- GETTING STARTED 3
- THE EASY WAY TO GET BENEFITS INFO WITH MYBENEFITS.LIFE 4
- WHO’S ELIGIBLE FOR BENEFITS? 5
- OPEN ENROLLMENT 6
- DOMESTIC PARTNERS: ENROLLMENT TAX CONSEQUENCES 7
- COST OF COVERAGE 9
- DECLARATION OF DOMESTIC PARTNERSHIP 10
- DECLARATION OF DOMESTIC PARTNER’S TAX STATUS 11
- TAX STATUS FORM 12
- DECLARATION OF TERMINATION OF DOMESTIC PARTNERSHIP 13



GETTING STARTED

Whether you're enrolling in benefits for the first time, nearing retirement, or somewhere in between, The Los Angeles County Metropolitan Transportation Authority/Public Transportation Services Corporation supports you with benefit programs and resources to help you thrive today and prepare for tomorrow.

This Benefits Guide provides eligibility, cost of coverage, and forms for your Domestic Partner and their children. You may access your benefit plan information by visiting your mybenefits.life website or reaching out to your benefits administration.

Benefits Assistance

Nicole Patino: 213.922.5262/Email: patinoni@metro.net

Leocricia Olmedo: 213.922.1260/Email: olmedol@metro.net

**Your 2024 Benefits will be effective from:
January 1, 2024 through December 31, 2024.**

THE EASY WAY TO GET BENEFITS INFO WITH MYBENEFITS.LIFE

Click to play video



GET MYBENEFITS.LIFE®
On the web:
lacmta.mybenefits.life

On your smartphone



Download from the App Store or Google Play.

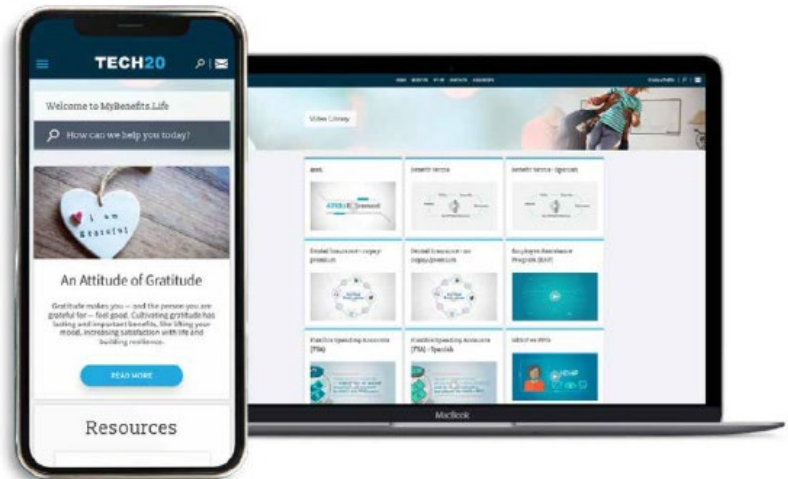
Login With Employer Key
PTSCACTIVES

MyBenefits.Life® gives you all your benefits information in one place

You can bank online, book a vacation online, and read the news online. Why should your benefits information be any different? MyBenefits.Life® is both a website and a mobile app that gives you access to the benefits information you need, when you need it.

Here's what you'll find on MyBenefits.Life®

Benefits	See benefit details and costs—for all plans you're eligible for, such as healthcare, life insurance, and more
Search	Can't find it? Just search the site
Articles & Video Library	Have 2 minutes? Increase your benefits IQ with short explainer articles and videos
Glossary	HMO? EOB? Coinsurance? Get the definitions in plain English
Inbox	Get messages from your HR team
Documents	Important benefit plan notices ("the fine print")
Contacts	Find HR, benefits, and carrier contacts
Get Help	Need help? Reach helpful resources



DOMESTIC PARTNER'S & DEPENDENTS ELIGIBILITY

Employees

If you are eligible for benefits, you may enroll your domestic partner and your domestic partner's dependent children in the Metro benefit plans.

Eligible dependents

- Your domestic partner
 - with whom you are registered as domestic partners with the State of California or with whom you have established a substantially similar same-sex union (other than marriage) in another jurisdiction that is recognized under California law as a registered domestic partnership.
 - if you have submitted a completed Declaration of Domestic Partnership to Benefits Administration.
- Your domestic partner's children can be covered through the end of the month in which they turn age 26.
- Your domestic partner's unmarried children over the age of 26 if they are incapable of self-support due to a physical or mental handicap and are chiefly dependent on you for financial support.

If you are enrolling your domestic partner and your partner's dependent children for the first time, you must complete and submit a **Declaration of Domestic Partnership** as proof of dependency. The Declaration is included at the end of this booklet. Alternatively, if you have registered with the State of California, you may submit your registration certificate in lieu of the Declaration of Domestic Partnership.



Domestic Partner Definition

To be eligible for benefits, you and your domestic partner must:

1. Be registered as domestic partners with the State of California or have established a substantially similar same-sex union (other than marriage) in another jurisdiction that is recognized under California law as a registered domestic partnership;

or

2. Meet all the following criteria:
 - Not be legally married to another person as considered legal by federal and state government regulations
 - Be 18 years old or older
 - Not be related by blood closer than would prohibit marriage in the State of California
 - Been mutually competent to consent to contract
 - Share a mutual obligation of support and responsibility for each other's welfare
 - Share a principal residence and intend to do so permanently
 - Be in an exclusive, committed relationship that is intended to be permanent

OPEN ENROLLMENT



How to Enroll

New hires must file the appropriate forms for each benefit in which you wish to cover your domestic partner and/or their children. Forms are available in Pension & Benefits Administration.

You must enroll within 30 days of commencement of:

- Employment
- Completion of Declaration of Domestic Partnership
- Birth of child(ren)

If you fail to provide the necessary forms within the 30-day time period, you may only enroll your domestic partner and your domestic partner's children during a subsequent regularly scheduled Open Enrollment period.

In order to establish benefits for your domestic partner, you must complete and sign the Declaration of Domestic Partnership, and submit it to:

Pension & Benefits Administration 99-PL-9

Note: If you have registered with the State of California, you may submit your registration certificate in lieu of the Declaration of Domestic Partnership.

Annual Open Enrollment

The normal Open Enrollment period is a once-a-year opportunity to review your benefit choices, change plans, add or drop dependents, enroll into a Flexible Spending Account, Non-Smoker Life Insurance, or waive your benefits.

After Open Enrollment ends, you cannot change your benefit elections until the next Open Enrollment in 2024, unless you experience an eligible life event,

Open Enrollment begins November 6, 2023, through November 19, 2023.

Any changes made during OE will be effective on January 1, 2024.

If you require assistance, please contact a staff member in the Pension & Benefits Administration office or call 213.922.5263 or 213.922.1260.

DOMESTIC PARTNERS: ENROLLMENT TAX CONSEQUENCES

If you enroll your domestic partner, you will pay the same employee contribution amount for coverage as you would for an opposite-sex or same-sex spouse. This also applies to the children of a domestic partner who are not the employee's tax dependents. However, because of federal tax law, enrolling your domestic partner may have an impact on your income and payroll taxes.

You are encouraged to seek advice from your own financial/tax adviser before enrolling your domestic partner and/or their children.

- If your domestic partner (including his or her children) does not meet the IRC criteria for tax-favored health benefits:
- You must pay income and payroll taxes on the Metro's contribution toward your domestic partner's coverage
- You must make contributions for your domestic partner's coverage with after-tax dollars
- You cannot use your Health Care Flexible Spending Account to pay for your domestic partner's health expenses.

The Metro's contribution toward your domestic partner's coverage is equal to the full cost of coverage, less any amount you contribute. This amount will be added to your other taxable income. It will show up on your paycheck as additional income or "imputed income," even though you do not actually receive the additional cash.

In effect, this amount will increase the amount the government uses to calculate how much you will pay in taxes. The applicable withholdings will be deducted from your paycheck each pay period. Special exemptions may apply, as described under "Tax Favored Individuals."

Health Care Flexible Spending Accounts

Health Care Flexible Spending Accounts may be used to reimburse an employee for domestic partner (or domestic partner child) expenses only if they meet the criteria for tax-favored health benefits under the Internal Revenue Code (IRC), as described under "Tax Favored Individuals," below.

Dependent Care Flexible Spending Accounts

Dependent Care Flexible Spending Accounts can be used for reimbursement of eligible expenses for qualified dependents, as defined by the IRC. For information about eligible expenses, see the Flexible Spending Account Benefits Enrollment Guide.

Note that a domestic partner child's dependent care expenses generally do not qualify for employee reimbursement under current tax law, unless the child is a tax dependent of the employee.

Tax-Favored Individuals

Current law indicates that a domestic partner who shares the employee's residence as a member of his or her household generally satisfies the criteria for tax-favored health benefits under the Internal Revenue Code (IRC) if:

- He or she lives with you as a member of your household (shares a principal residence) for the full tax year, except for temporary reasons such as vacation, military service or education
- He or she receives more than half of his or her support from you
- He or she is not anyone else's IRC Section 152 Qualifying Child dependent
- He or she is a citizen, national, or legal resident of the United States or a resident of Canada or Mexico (this requirement doesn't apply to children being adopted by a US citizen or national)
- The relationship doesn't violate state or local law

Exception: An employee can treat another person's Qualifying Child as eligible for tax-favored health benefits if the child satisfies the other requirements above and if the other person isn't required to file a tax return, and either doesn't file a return or files one only to get a refund of withheld income taxes. For example, this could allow tax-favored health coverage for the children of an employee's non-working domestic partner.

The rules determining support are complicated and are more involved than determining who is the "primary breadwinner." You may wish to refer to IRS Publication 17 or consult a tax advisor to determine if your domestic partner qualifies for tax-favored health benefits.

Note that current tax law generally excludes children of domestic partners from qualification for tax-favored health benefits, except as noted in the exception above.

If your domestic partner meets the State of California's definition of domestic partner (see page 5), their benefits (and benefits for their children, if applicable), are not subject to imputed income for state tax purposes. However, unless your domestic partner is also your federal tax dependent, you will still make contributions for benefits with after-tax dollars.

How to Claim Tax-Favored Status

If your domestic partner and his or her children are your federal tax dependents, or if your partner meets the definition of domestic partner (see page 5) imputed income does not apply and you may make contributions with pre-tax dollars. In other words, you will not be taxed on the benefits. However, imputed income does apply for federal purposes if the domestic partner only meets the domestic partner definition but does not meet the IRS tax dependent requirements. You must submit a [Declaration of Domestic Partner's Tax Status](#) to the Metro in order to claim this exemption.

Please refer to the Non-Represented and AFSCME Benefits Enrollment Guide for further information on the benefits provided by the Metro.



Termination of Domestic Partnership

If you terminate a domestic partnership, you must file a Declaration of Termination of Domestic Partnership with Benefits Administration within 30 days of the termination of the partnership.

Please remember that failure to do so affects your payroll deduction/taxes. You may not enroll a new "domestic partner" until six months have elapsed from the termination of the prior partnership.

To remove your domestic partner or child(ren) from coverage, you are required to do the following:

- Obtain enrollment/change forms from Benefits Administration
- Delete the individuals from coverage
- Return the forms along with a Declaration of Termination of Domestic Partnership to Benefits Administration

COSTS OF COVERAGE

The Metro’s monthly contribution for domestic partner coverage, and thus the monthly taxable amount on the coverage for 2024 is:

Medical Plans	Domestic Partner	Domestic Partner & Child(ren)
Anthem Blue Cross PPO	\$1,402.56	\$2,353.75
Anthem Blue Cross HMO	\$1,158.04	\$2,105.29
Kaiser Permanente HMO	\$767.83	\$1,405.13

Dental Plans	Domestic Partner	Domestic Partner & Child(ren)
Delta Dental PPO	\$48.30	\$105.48
DeltaCare DHMO	\$16.50	\$34.11
Dental Health Services DHMO	\$18.37	\$37.62

Vision	Domestic Partner	Domestic Partner & Child(ren)
VSP Vision Plan	\$5.02	\$17.90

These rates are subject to change after December 31, 2024. The cost of coverage for your domestic partner and your partner’s child(ren) will be added to your bi-weekly income and will be subject to tax withholding if your domestic partner and each child do not qualify as your federal tax dependents. These rates will also be used for California state income tax purposes if you are not exempt from California taxes.

You are encouraged to seek advice from your own financial/tax adviser before enrolling your domestic partner and/or their children.

Termination of Domestic Partnership

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To remove your domestic partner or child(ren) from coverage, you are required to do the following:

- Obtain enrollment/change forms from Benefits Administration
- Delete the individuals from coverage
- Return the forms along with a Declaration of Termination of Domestic Partnership to Benefits Administration



Declaration of Domestic Partnership

New Enrollment Status Change Only

I, _____, submit this Declaration of Domestic Partnership to establish
NAME OF EMPLOYEE

_____ as my domestic partner (as defined below) for the purpose of obtaining
NAME OF DOMESTIC PARTNER

benefits at the Los Angeles County Metropolitan Transportation Authority/Public Transportation Services Corporation (Metro) may extend to employees' domestic partners.

1. I declare that my domestic partner is eligible for benefits because (select one that applies):

My domestic partner and I are registered as domestic partners with the State of California or have established a substantially similar same-sex union (other than marriage) in another jurisdiction that is recognized under California law as a registered domestic partnership.

We meet all the following criteria:

- Neither of us is legally married to another person
- We are both at least age 18
- We are not related by blood to a degree of closeness that would prohibit marriage in the State of California
- We are mentally competent to consent to contract at this time
- We are in an exclusive, committed relationship that is intended to be permanent
- We share a mutual obligation of support and responsibility to each other's welfare
- We currently share a principal residence, and we intend to do so permanently

2. I agree to notify the Metro within thirty (30) days of any change in the circumstances attested to in this declaration by completing a Declaration of Termination of Domestic Partnership.

3. If my domestic partnership ends, I understand that I cannot enroll another domestic partner in the Metro benefits until the earlier of:

- a) Six (6) months from the date the Declaration of Termination of Domestic Partnership was filed; or
- b) The date I register another domestic partnership or establish substantially similar same-sex union as described in item 1, above.

4. I understand I may be responsible for payment of income taxes as a result of the Metro providing benefits to my domestic partner and his or her children.

5. I understand that providing false or misleading information to obtain benefits may result in any or all of the following actions by the Metro: a requirement that I reimburse the Metro for all expenses, termination of my employment, and other legal action against me.

I affirm that the assertions in this declaration are true to the best of my knowledge.

Signature of Employee

Date

Badge Number

DECLARATION OF DOMESTIC PARTNER'S TAX STATUS

Important: It can be complex to determine whether an individual satisfies the definition of a tax dependent under the Internal Revenue Code (IRC). You may wish to consult a tax professional for advice on your personal situation before you declare that your domestic partner and/or his or her children are eligible for tax-favored health coverage.

A domestic partner* and/or his or her children are eligible for tax-favored health coverage only if *all* of the following requirements are met:

1. He or she lives with you as a member of your household (shares a principal residence) for the full tax year, except for temporary reasons such as vacation, military service or education.
2. He or she receives more than half of his or her support from you.
3. He or she is not anyone else's IRC Section 152 Qualifying Child dependent.
4. He or she is a citizen, national or legal resident of the United States or a resident of Canada or Mexico. (This requirement doesn't apply to children being adopted by a US citizen or national.)
5. The relationship doesn't violate state or local law.

Exception regarding 3 above: An employee can treat another person's Qualifying Child as eligible for tax-favored health benefits if the child satisfies the other requirements above and if the other person isn't required to file a tax return, and either doesn't file a return or files one only to get a refund of withheld income taxes. For example, this could allow tax-favored health coverage for the children of an employee's non-working domestic partner.

Children of domestic partners often qualify as a "Qualifying Child" of the domestic partner and don't satisfy the above exception. When this is the case, coverage for the domestic partner's children must be paid for on an after-tax basis, and the value of the coverage will be imputed as income to you.

Your domestic partner must rely on you for the majority of his or her economic support in order to qualify as your tax dependent. If you both contribute to your household expenses equally, your domestic partner will not qualify as your tax dependent under the IRC.

Note that, for the purpose of this form, the term "domestic partner" means domestic partners or civil union partners.



Tax Status (Federal)

List your domestic partner and each of his or her children that you wish to enroll for the Metro benefits and indicate whether you declare them to be eligible for federally tax-favored health benefit coverage as defined above.

Name(s)	Eligible for Tax-Favored Coverage?	
Partner: _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Child: _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Child: _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Child: _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Tax Status (State)

Regardless of whether your covered dependent(s) listed above qualify for federally tax-favored health coverage, the health coverage they receive may not be subject to state income and payroll taxes in certain situations. Please indicate if any of the following applies to you (check one):

I hereby acknowledge that I am subject to income and payroll taxes in California. My domestic partner and I have a domestic partnership that is recognized by the State of California.

I understand that if I do not declare my partner and/or his or her children to be eligible for tax-favored health coverage, I will be subject to all applicable federal, state, local, and payroll taxes for their benefits, that my contributions for such coverage must be paid on an after-tax basis, and that I may not use my health flexible spending account for their unreimbursed expenses.

I agree to notify the Metro immediately of any change in the tax status of my partner and/or his or her children.

I understand that if I had previously certified my partner and/or his or her children as eligible for tax-favored health coverage, I may be liable for taxes due to changing their tax status.

Employee's Name (Printed)

Badge Number

Employee's Signature

Date



Declaration of Termination of Domestic Partnership

I, _____, request removal of my former partner, and this partner's
NAME OF EMPLOYEE

dependent child(ren) from my insurance coverage effective _____ because
DATE OF TERMINATION OF DOMESTIC PARTNERSHIP

the relationship between my partner and I ended on _____.
DATE

- I understand, under penalty of perjury, that I will not be able to apply again for domestic partner coverage for six (6) months unless the Metro is required by law to provide such benefits.
- I agree to provide a copy of this form to my former partner at the address listed below.

Former Partner

NAME

ADDRESS

Former Partner's Covered Child(ren)

NAME OF CHILD

NAME OF CHILD

NAME OF CHILD

Employee's Name (Printed)

Badge Number

Employee's Signature

Date



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developed by



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