



**PERSONNEL DIVISION**  
(217) 384-2458

**MONA L. SHANNON**  
Personnel Manager

## **Memorandum**

**DATE:** January 7, 2004  
**THRU:** Bruce Walden  
**TO:** Mayor Satterthwaite and the Urbana City Council  
**FROM:** Mona Shannon  
**RE:** Domestic Partners Benefits

At the request of members of the City Council, City Staff has developed a new policy to recognize same sex domestic partners as family members within certain benefit programs. These programs include paid family sick leave, family medical leave, and bereavement leave. Portions of these benefit programs are currently described in the City's Policy and Procedure Manual, the City Council approved benefit program for non-bargaining unit employees (bereavement), and three different union contracts. City Staff is prepared to adopt a new policy that provides these benefits under the City's Policy and Procedures manual (policy attached) and to offer these expanded benefits to each of the unions that have entered into agreement with the City. The attached ordinance would amend the bereavement leave policy described in the City Council approved benefit program for non-bargaining unit employees. City staff recommends approval of the attached ordinance.

### Attachments

Domestic Partner Benefits Policy

An Ordinance Amending the City of Urbana Benefits Program { Bereavement Leave }

# CITY OF URBANA POLICY & PROCEDURE MANUAL

Section: Employee Benefits	Section No: 2.11	Page 1 of 3
Subject: Domestic Partner Benefits	Effective: January 16, 2004	Revised:

Scope: All Benefit Eligible Employees

Purpose: To recognize domestic partnerships meeting the eligibility criteria established below in order to provide specific benefits to City of Urbana's benefit eligible employees.

Policy: It is the policy of the City to recognize same sex domestic partners as family members for purposes of administering the benefits described below. These benefits are limited to those listed below and do not include any benefits subject to IRS regulation such as insurance programs, Section 125 benefits, pension benefits, etc.

Procedure: Employees who wish to utilize one or more of these benefits must complete and submit the attached Declaration of Domestic Partnership Form to the Personnel Manager. The Personnel Manager will review completed declarations within 10 business days of receipt and notify the employee of the result. The declaration will be filed in the employee's personnel file and kept confidential insofar as feasible, but appropriate information will be shared with supervisors, managers, and benefit administrators as needed so that they can properly administer the benefits provided by this policy. These benefits will only be extended to employees after approval of the Declaration of Domestic Partnership form. Employees must file the attached Notice of Termination of Domestic Partnership with the Personnel Manager within 30 days of the termination of a **declared** partnership. The procedures and requirements described in each of the attached forms are hereby incorporated in this policy.

**Applicable Benefits:** The list of family members in the following benefit programs is automatically extended to include declared same sex domestic partners, as defined above. This policy provides for no greater benefits for employees with same sex domestic partners than married employees.

- Employees will be eligible for **paid sick leave** and **family medical leave** to care for a same sex domestic partner in all instances in which they would be eligible to do so if the partner was a spouse.
- Employees will be eligible for **bereavement leave** for a same sex domestic partner equal to bereavement leave for a spouse.

**Additional Benefits:** In addition to the above, an employee's same or opposite sex domestic partners may be eligible for the benefits below. A Declaration Form is not required.

**Employee Assistance Program:** Under our current EAP, employees and members of the employee's household, including domestic partners, are encouraged to use EAP voluntarily as needed.

**Designated Beneficiaries:** Many benefit programs allow an employee to designate a beneficiary, including one's domestic partner. If you want your domestic partner to receive benefits in the event of your death, you must specifically designate your partner as your beneficiary. Beneficiary forms are available in Personnel.

**Emergency Contact:** An employee may designate his/her domestic partner as an emergency contact.

**City of Urbana Employee  
Declaration of Domestic Partnership**

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Employee's Last Name, First Name, Middle Initial

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Partner's Last Name, First Name, Middle Initial                      DOB

**We, the undersigned, declare that we are domestic partners as established by the following mandatory criteria, all of which must be met in order to qualify for City Domestic Partner Benefits:**

1. We are engaged in a committed relationship and intend to remain together permanently;
2. We are the same sex and for this reason are unable to marry each other under Illinois law;
3. We are at least 18 years of age and have the capacity to enter into a contract;
4. We are jointly responsible to each other for the necessities of life;
5. We are not related by blood closer than permitted for married couples under Illinois marriage laws;
6. We are cohabiting; (This criterion does not exclude a partner residing in a care facility.)
7. Neither of us has another domestic partner;
8. Neither of us is legally married; and
9. Neither of us may lawfully be claimed as a dependant on any other person's federal income tax return.

We agree to notify the City of Urbana within 30 days of the termination of our domestic partnership under the above criteria by filing a Notice of Termination of Domestic Partnership with the Personnel Manager. We understand that an employee cannot register another partner for six months following the last date on which the employee should have filed a Notice of Termination of Domestic Partnership.

We further understand that providing false information on this form or failure to notify the Personnel Manager on a timely basis of any change that would require a different answer to any of the above criteria, or loss of eligibility may result in disciplinary action up to and including termination of employment. We agree that, if either event occurs, the City of Urbana may recover damages for all losses and reasonable attorney's fees incurred by the City to recover such damages.

We acknowledge and understand that the City of Urbana has advised us to consult with an attorney regarding the legal consequences of signing this Declaration. We provide this information for the sole use of the City of Urbana and for the sole purpose of determining our eligibility for domestic partner benefits provided by the City. If we do not provide this information, we understand that we will not be eligible for domestic partner benefits.

We understand that this affidavit constitutes private information under the Freedom of Information Act as confidential personal information and will not be disclosed to anyone outside of the City except as authorized under the terms of that Act and other applicable laws. However, we understand that the value and nature of benefits paid to any City of Urbana employee is public information under the Freedom of Information Act.

\_\_\_\_\_  
Signature of Employee      Date

\_\_\_\_\_  
Signature of Partner      Date

**Return original to: Personnel Manager**

# Notice of Termination of Domestic Partnership

\_\_\_\_\_  
Employee's Last Name, First Name, Middle Initial

I, the undersigned, declare that

\_\_\_\_\_ and I ended our  
(Insert name of your former Domestic Partner)

domestic partnership on: \_\_\_\_\_  
(Insert date)

I mailed my former domestic partner a copy of this notice at:

\_\_\_\_\_  
List Address

\_\_\_\_\_  
Date Mailed

-or-

My domestic partner died on \_\_\_\_\_  
(Insert Date)

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date Signed

**Return original to: Personnel Manager**

This Ordinance:  
AMENDS THE CITY OF URBANA BENEFITS PROGRAM.

ORDINANCE NO. 2004-01-006

{An Ordinance Amending the City of Urbana Benefits Program}  
{Bereavement Leave}

BE IT ORDAINED BY THE CITY COUNCIL OF THE CITY OF URBANA, ILLINOIS, as follows:

Section 1. That the City of Urbana, Illinois Benefits Program of March 3, 2000, is hereby amended as set forth below, with the underlined text showing language to be added and the strikethrough text showing text to be deleted:

Bereavement Leave

When a death occurs in an employee's immediate family (i.e., employee's or spouse's or employee's declared domestic partner's mother, father, brother, sister, child, grandparents, grandchildren; ~~the employee's~~ spouse or declared domestic partner of employee; or former spouse or domestic partner with whom the employee has children in common, upon request, the employee may be excused with pay for up to three (3) consecutive days.

Members of the Fire Department may be excused for three (3) consecutive days, and shall be paid for any day or days on which he/she would have been scheduled for work.

Permanent/Part-Time employees may be excused for three (3) consecutive days. However, these employees will only be paid for those hours that fall during his/her regularly scheduled work period.

**Section 2.** All ordinances, resolutions, motions, or parts thereof, in conflict with the provisions of this Ordinance are, to the extent of such conflict, hereby repealed.

**Section 3.** This ordinance shall become effective immediately upon its passage and approval.

PASSED by the City Council this \_\_\_\_\_ day of \_\_\_\_\_.

AYES:

NAYS:

ABSTAINS:

\_\_\_\_\_  
Phyllis D. Clark, City Clerk

APPROVED by the Mayor this \_\_\_\_\_ day of \_\_\_\_\_.

\_\_\_\_\_  
Tod Satterthwaite, Mayor