



CITY OF FAIRFIELD

QLE – Marriage/Domestic Partnership

EMPLOYEE INFORMATION

Name: _____ Emp ID#: _____
 Date: _____ Phone: _____

Please complete this form if you are requesting benefit changes due to marriage or a domestic partnership.

Type of Event: Marriage Domestic Partnership Date of Event: _____

You may add any eligible dependents to your benefit plans at this time. Eligible dependents are defined as your spouse, domestic partner, natural child, stepchild, adopted child, and your domestic partner’s child.

Relationship Code: S = Spouse DP = Domestic Partner
 C = Natural/Step/Adopted Child DC = Domestic Partner’s Child

Benefit Code: M = Medical D = Dental V = Vision

Please list all eligible dependents and select which benefit you would like to add them to:

Name	Code	Gender	DOB	SSN#	Benefit		
					M	D	V
					M	D	V
					M	D	V
					M	D	V
					M	D	V
					M	D	V

Important: You must submit dependent verification documents for each dependent you are enrolling.

Dependent Verification Documents:

- Spouse Government issued marriage certificate
- Domestic Partner Domestic partnership affidavit or registration filed with the CA Secretary of State
- Natural/Adopted Child Birth certificate naming employee as parent
- Step/DP Child Birth certificate naming spouse/DP as parent, and marriage certificate/DP Registration



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In addition to adding a dependent to your benefits (e.g., medical, dental, or vision), you may also elect to change your current plan or provider for that benefit.

Changes are **only allowed when adding** an eligible dependent to that plan. For a summary of each plan's benefits and current premium rates, please refer to the Benefits Guide.

If you are requesting to change plans, in addition to adding a dependent, please complete the Benefit Plan Change section below for the relevant plans. If you want your dependents added to your current plans, you do not need to fill out the Benefit Plan Change:

Benefit Plan Change:

Medical

Current Plan Name:

New Plan Name:

Dental

Current Plan Name:

New Plan Name:

Vision

Current Plan Name:

New Plan Name:

Please email benefits@fairfield.ca.gov the completed form or with any questions/concerns you may have.