



DOMESTIC PARTNER

TAX CERTIFICATION OF DEPENDENCY FOR TAX TREATMENT OF MEDICAL/DENTAL BENEFITS

Employee Name	Employee ID
This form is to:	
<input type="checkbox"/> Certify Dependency Status	<input type="checkbox"/> Cancel previous Certification

Internal Revenue Code 152 defines a dependent as, "An individual who receives over half of their support in a calendar year from the employee and has as his/her principal place of abode the home of the employee and is a member of the employee's household." Please read the following carefully before completing this form:

- There may be tax implications in covering dependents not meeting the qualifications of Section 152 of the Internal Revenue Code.
- You may wish to consult with a tax advisor if you have any questions regarding dependency status.
- If this form has not been received in ES by the 15<sup>th</sup> of the month the taxable status of your premiums will not be changed until the next month's payroll.

Instructions: List all dependents enrolled in medical/dental plans that meet the requirements below (e.g., your domestic partner, and/or your domestic partner's children.):

Domestic Partner Name (Last, First, Middle Initial):	<input type="checkbox"/> Tax Dependent <input type="checkbox"/> Cancel Tax Dependency
Children's Name (Last, First, Middle Initial):	<input type="checkbox"/> Tax Dependent <input type="checkbox"/> Cancel Tax Dependency
	<input type="checkbox"/> Tax Dependent <input type="checkbox"/> Cancel Tax Dependency
	<input type="checkbox"/> Tax Dependent <input type="checkbox"/> Cancel Tax Dependency
	<input type="checkbox"/> Tax Dependent <input type="checkbox"/> Cancel Tax Dependency

I understand that by selecting the Tax Dependent status, I am certifying that those listed above are my dependent(s) as defined in Section 152 of the Internal Revenue Code. Furthermore, I understand that falsely certifying dependency status could result in termination of coverage at the University. I further agree to notify CU Employee Services (ES) immediately of any change in this tax status.

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

\_\_\_\_\_  
Today's Date

<p><b>For Employee Services Use Only</b></p> <p>Date Received: _____ Processed by: _____</p> <p>• Copy to Employee Benefits File</p>
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