

Indiana University
CERTIFICATION OF TAX-QUALIFIED DEPENDENTS
Domestic Partner Benefits

INSTRUCTIONS: This form should be completed in conjunction with *IU's Health Plan Enrollment Form* and *Affidavit of Domestic Partnership*. The purpose of the form is for an employee to certify that a domestic partner and/or children of the partner are the IRS-defined tax dependents of the employee and therefore not subject to federal or state income taxes assessed on the value of health plan benefits for those individuals. Do **not** include on this form children of the employee who are eligible dependents of the employee aside from the domestic partner relationship. Carefully read "Important Tax Information for Same-Sex Domestic Partner Benefits" at <http://www.indiana.edu/~uhrs/dp/dp.html#tax>.

Employee Information

Employee Name (Last, First, Middle):	
Date of Birth:	Social Security Number:

Domestic Partner Information

Employee Name (Last, First, Middle):	
Date of Birth:	Social Security Number:

Children of the Domestic Partner (List only children of the domestic partner who are IRS-defined 'dependents' of the employee for federal income tax purposes.)

Dependent Child Name (Last, First, Middle)	Social Security Number	Date of Birth	Married	Full-time Student
			Y / N	Y / N
			Y / N	Y / N
			Y / N	Y / N

CERTIFICATION**A. Partner Certification as a Tax-Qualified Dependent**

I have read the "Important Tax Information for Same-Sex Domestic Partner Benefits" at <http://www.indiana.edu/~uhrs/dp/dp.html#tax> and, based on consultation with a tax advisor, I certify that the previously named person whom I am enrolling for coverage is my legal tax dependent under IRS Section 152. I understand that falsely certifying dependency status could result in disciplinary action (including termination) from Indiana University, as well as potential charges of tax fraud. I further agree to notify Indiana University immediately of any change in this tax status.

Employee: _____ Date: _____

B. Dependent Child Certification as a Tax-Qualified Dependent

I have read the "Important Tax Information for Same-Sex Domestic Partner Benefits" at <http://www.indiana.edu/~uhrs/dp/dp.html#tax> and, based on consultation with a tax advisor, I hereby certify that the previously named dependent children whom I am enrolling for coverage is/are my legal tax dependent(s) under IRS Section 152. I understand that falsely certifying dependency status could result in disciplinary action (including termination) from Indiana University, as well as potential charges of tax fraud. I further agree to notify Indiana University immediately of any change in this tax status.

Employee: _____ Date: _____