



**SAME GENDER DOMESTIC PARTNER**

**TAX CERTIFICATION OF DEPENDENCY FOR TAX TREATMENT OF MEDICAL BENEFITS**

Employee Name	Employee Social Security Number	Employee ID
This form is to:		
Certify Dependency Status		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 15th 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/vision plans that meet the requirements below (e.g., your domestic partner, your children and/or your domestic partner's children, etc.):*

Domestic Partner Name (Last, First, Middle Initial):	Tax Dependent Cancel Tax Dependency
Children's Name (Last, First, Middle Initial):	Tax Dependent Cancel Tax Dependency
	Tax Dependent Cancel Tax Dependency
	Tax Dependent Cancel Tax Dependency
	Tax Dependent Cancel Tax Dependency

I understand that by checking the Tax Dependent box, 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

<b>For ES Use Only</b>	
Date Received:	Processed by: _____