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EMPLOYEE SERVICES

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# Medical & Dental Benefits Tax Status Form

For Civil Union Partners, Domestic Partners and Their Children

This form tells the CU Benefits Team whether your civil union partner or domestic partner (and/or their children) qualify as your tax dependents under IRS rules. Your answer affects whether some benefits are taxed.

_____ _____

Employee Name Employee ID

This form is to: ☐ Certify Dependency Status ☐ Cancel Previous Certification

Do **NOT** use this form if you are adding the following dependents to your benefits:

- Your spouse
- Your biological or adopted children
- Stepchildren

These family members are generally already treated as tax-qualified dependents under IRS rules and usually do not require this form.

## Before You Complete This Form

Under IRS rules, a person may qualify as your tax dependent if:

- You provide more than half of their financial support during the calendar year, and
- They live with you as a member of your household for most or all of the year

If your domestic partner / civil union partner or their children do not meet IRS dependency rules, part of your medical or dental coverage may be treated as taxable income.

Being covered under your benefits plan does not automatically mean someone is your tax dependent. Many domestic partners / civil union partners and their children are not considered tax dependents under IRS rules.

If you are unsure whether someone qualifies as your tax dependent, you should speak with a tax advisor.

**Important:** Changes submitted after the 10th of the month may not take effect until the following payroll cycle.

## Who Are You Certifying?

**Domestic Partner/ Civil Union Partner**

| Domestic Partner/Civil Union Partner Name | Tax Dependent? | Remove Previous Certification? |
|---|---|---|
| _____ | Yes ☐ | Remove ☐ |

**Children of Domestic Partner/ Civil Union Partner** (if applicable)

| Child Name | Tax Dependent? | Remove Previous Certification? |
|---|---|---|
| _____ | Yes ☐ | Remove ☐ |
| _____ | Yes ☐ | Remove ☐ |
| _____ | Yes ☐ | Remove ☐ |
| _____ | Yes ☐ | Remove ☐ |

## Employee Acknowledgment

By signing below, I confirm that:

- The information on this form is true and complete to the best of my knowledge.
- Anyone marked as a tax dependent meets IRS dependency requirements.
- I understand that providing incorrect information could affect benefit eligibility and payroll taxes.
- I agree to notify Employee Services as soon as possible if this tax status changes.

_____ _____

Employee Signature Today's Date