

Older Child Certification Instructions



Adding an Older Child

To add an older child:

- Complete and return the form(s) in this packet. You must complete a separate form for each child you are adding.

Step One (Tax Treatment):

- Review the *Declaration of Tax Status* to determine whether your Older Child fulfills the requirements to be a tax dependent.
Your older child does not need to qualify as a tax dependent to qualify for insurance coverage, however if your older child does not qualify as a tax dependent, you may be taxed on any additional employer's contribution toward coverage.
- If you are unsure whether your older child meets the support requirement for dependent status, you may confirm eligibility by using the optional *Worksheet for Determining Support* form.
 - If completing the optional *Worksheet for Determining Support*, you will need to know your older child's
 - Gross monthly income, if any
 - Mortgage/ rental payment, if any
 - Monthly expenses for items such as food, utilities, repairs, clothing, education, medical, travel, etc.
 - Keep the worksheet for your personal records. You do not need to return the worksheet with the other forms.
- Sign, date, and print your Employee ID Number (EIN) on the *Declaration of Tax Status* form.

Benefit Options

Choice. Value. Health.

**SEND TO ASU BENEFITS CONFIDENTIAL
E-FAX AT 480.993.0007**

Older Child Declaration of Tax Status



You must complete a separate form for each child you are adding.

I, _____, declare
_____ as my Older Child.
Print Name of Older Child

I understand that my employer has a legitimate need to know the federal income tax status of my relationship. I understand that an older child is considered a tax dependent for purposes of employer provided health plans **only if** each of the following requirements are met:

1. My older child is **NOT** my qualifying child as defined by IRC 152(c), or the qualifying child (dependent, of another taxpayer.
Generally, to be a qualifying child under IRC 152(c) and also meet plan coverage eligibility, the child must:
A.) Be your son, daughter, stepchild, foster child; AND
B.) Be under age 19 at the end of the year, OR
Be under age 24 at the end of the year and a full-time student, OR
Be any age and permanently and totally disabled.
C.) Have lived with you for more than half of the year.

AND

2. My older child is related to me in one of the following ways:
A.) My child, stepchild, foster child, or adopted child.

AND

3. My older child receives more than half of his or her support from me.
Enclosed is a Worksheet for Determining Support, similar to the one the Internal Revenue Service (IRS) includes in its Publication 17, that you can use to determine whether you provide, or expect to provide, more than half of your older child's support.

AND

4. My older child child is a U.S. citizen, U.S. resident alien, U.S. national, or a resident of Canada or Mexico, for some part of the year.

Check one of the following boxes. Since the above is a summary of complex tax rules, we recommend you consult with your tax advisor regarding your specific circumstances.

Based on the criteria above, I declare that:

- Yes**, my older child is reasonably expected to be my tax dependent for the 20__ calendar year.
- No**, my older child is not expected to be my tax dependent for the year 20__ calendar year.
As a result, premium contributions for my older child cannot be taken on a pre-tax basis and the value of the benefits my employer provides for my older child may be added to my taxable income.

By signing this form:

I declare that the information I have provided is true, complete, and correct. If it is not, or if I do not update this information within the timelines stated in the benefit rules, I may be liable for any claims paid by my health plan(s) or premiums paid on my behalf and my older child's behalf.

I understand that:

- This declaration of tax status may have legal implications under federal and/or state law.
- A civil action may be brought against me for any losses, including reasonable attorney's fees, if I have made a false statement in this declaration.
- I must notify my benefits office if there is a change in the tax status of my older child within 31 days of the change. A change in my family status may directly impact the calculation of my taxable income.

Subscriber's Signature

EIN

Date



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Worksheet for Determining Support

This worksheet is modeled after the Internal Revenue Service Publication 17 worksheet and requests historical information. However, it is necessary that you determine whether your domestic partner, older child, or domestic partner's child, will qualify as a dependent for the calendar year the dependent is enrolling (the "enrollment year"). Complete this worksheet using the income and expenses you anticipate during the enrollment year to determine if you provide more than one-half of the support for your domestic partner, older child, or domestic partner's child. A separate worksheet must be completed for each individual.

Important:
You can use this worksheet to determine whether an individual meets the support test to qualify as a tax dependent.

Individual's Income

1. Did the individual you supported receive any income, such as wages, interest dividends, pensions, rents, social security, or welfare?
 Yes (Answer questions 2, 3, 4, and 5.)
 No (Skip to question 6.)
2. Total annual income received \$ _____
3. Amount of income used for the individual's support \$ _____
4. Amount of income used for purposes other than support \$ _____
5. Amount of income either saved or not used for lines 3 or 4 \$ _____

The total of lines 3, 4, and 5 should equal line 2.

Yearly household expenses where you and the individual live

6. Lodging (*Complete either a or b*):
 - a. Rent Paid \$ _____
 - b. If not rented, show fair rental value of your home. If your domestic partner owned the home, include this amount on line 21. \$ _____
7. Food \$ _____
8. Utilities (heat, light, water, etc. not included in line 6a or 6b) \$ _____
9. Repairs that were not included in line 6a or 6b \$ _____
10. Other (i.e., furniture). Do not include expenses of maintaining home (i.e., mortgage interest, real estate taxes, and insurance). \$ _____
11. Add lines 6a or 6b through 10 \$ _____
12. Total number of persons who lived in the household \$ _____

Yearly expenses for the individual

13. Divide line 11 by line 12 to determine each person's part of household expenses

$$\frac{\$ \text{line 11}}{\text{line 12}} = \$ \text{_____}$$
14. Clothing \$ _____
15. Education \$ _____
16. Medical and dental \$ _____
17. Travel and recreation \$ _____
18. Other (please specify) _____

 \$ _____
 \$ _____
 \$ _____
19. Total amount for the individual's yearly support (Add lines 13 through 18.) \$ _____
20. Multiply line 19 by 50% (.50) \$ _____
21. Amount the individual provided for his or her own support
 Line 3 \$ _____
 Line 6b (include if the individual owned the home) \$ _____
Add lines 3 and 6b, if each are applicable \$ _____
22. Amount that others added to the individual's support. Include amounts provided by state, local, and other welfare societies or agencies. Do not include any amounts from line 2. \$ _____
23. Amount you provided for the individual's support:

$$\$ \text{line 19} - \$ \text{line 21} - \$ \text{line 22} = \$ \text{_____}$$

24. Is line 23 more than line 20? If so, the individual qualifies as a tax dependent. Check "Yes" on the *appropriate Declaration of Tax Status* form.