

Qualified Domestic Partner Declaration of Tax Status

SEND TO ASU BENEFITS CONFIDENTIAL EFAX: 480.993.0007



I, _____ have completed a Qualified Domestic Partner

Affidavit swearing that _____ is my qualified domestic partner.
PRINT QUALIFIED DOMESTIC PARTNER'S NAME

I understand that my employer has a legitimate need to know the federal income tax status of my relationship. I understand that a domestic partner is considered a tax dependent for purposes of employer-provided health plans **ONLY IF** each of the following requirements are met:

My domestic partner is **NOT** 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 **AND**
- C. Have lived with you for more than half of the year.

AND

My domestic partner and I will live together (share our principal residence) for the full taxable year except for temporary absences for reasons such as vacation, military service or education. In other words, my domestic partner and I must live together from Jan. 1 through Dec. 31.

AND

My domestic partner 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 Publication 17, that you can use to determine whether you provide, or expect to provide, more than half of your domestic partner's support.

AND

My domestic partner 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 below. Since the above is the 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 domestic partner is reasonably expected to be my tax dependent for the 20__ calendar year.

No, my domestic partner is not expected to be my tax dependent for the 20__ calendar year.

As a result, premium contributions for my domestic partner cannot be taken on a pre-tax basis and the value of the benefits my employer provides for my partner 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 benefits rules, I may be liable for any claims paid by my health plan(s) or premiums paid on my behalf and my declared domestic partner'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 domestic partnership or tax status 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 (mm/dd/yy)

