

Good Fit Domestic Partner Affidavit

Group Health Options Inc. Access PPO Plan #6498700 #6498800
Group Health Cooperative Essential Plan (aka Core) #1489700 #1489800
Delta Dental of WA Plan #287 #287
Willamette Dental of WA, Inc. #WA137 #WA137

PLAN GROUP NUMBERS

Retired

Employees

PLU DP 2016

Active

Employees

Section A. Indicate the	e purpose of this Affidavit (<i>Note that yo</i>	ou must ALSO complete a PLU Good	Fit Group Medical, Dental and Li	fe Insurance Enrollment Application):
Purpose of Application:	Add: ☐ Domestic Partner ☐ A Domestic Partner's Dependents	Terminate: ☐ Domestic F	-	Effective Date Desired:
Subscriber's Last Name:	First:	MI:		
Section B. I attest that	t:			
	of Domestic Partner – please print)	are domestic partners, and we:		
Are living together	ompetent to register and	Are not married to anyo	od closer than would bar marriage in one, and partnership with anyone else.	n the State of Washington, and
I understand that this affida	vit shall be terminated upon the death of s any change of circumstances attested to			
Section D. If You are	Applying for Children of Your Domest	ic Partner:		
1. The dependent(s) reside Or	t my Domestic Partner's children meet the regularly with me and my Domestic Parts required to provide coverage for the chi	rtner, and the dependent(s) qualify as my	y dependents for tax purposes – see	e the back of this form
Section E. Tax Status	Certification and Payroll Deductions f	or My Domestic Partners and/or His o	or Her Dependents:	
	rtner and his or her dependents qualify u my Domestic Partner and any dependen			
X. Signature of Employee:				
Section F. Declaration	s and Signatures:			
 I understand that a civ I have read PLU's Do I also certify under per 	declaration of responsibility for our com- yil action may be brought against us for a smestic Partner Policy and Guidelines and enalty of perjury, under the laws of the St fication of information on this affidavit r	any losses, including reasonable attorney d understand its requirements. tate of Washington, that the foregoing is	y's fees and taxes, because of a falso s true and correct.	
Signature of Employee:		Domestic Partner:	Signature of Group Admi	
D	ate:	Date:		Date:



PLU's **Good Fit** Medical and Dental Plan *Tax Implications* for Domestic Partners and Children of Domestic Partners

The tax-favored status of employer provided health insurance (medical and dental coverage) is so well known that employers and employees often take it for granted. As such, the cost of coverage for a spouse and children/stepchildren is automatically exempt from an employee's taxable income. However, the cost of coverage for a domestic partner and his or her children can be tax exempt only if the definition of a "dependent" in the Internal Revenue Code is satisfied.

This criterion is separate from PLU's criterion for eligibility under the plan. A domestic partner and/or his or her dependent children are eligible for benefits under PLU's medical and dental plans as long as they meet the criterion outlined in Section B on the front side of this form. The criterion outlined below pertains to your ability, as a PLU employee, to receive those benefits and/or pay for those benefits on a tax-exempt basis.

IRS DEFINITION OF DEPENDENT

Under the current definition in Section 152 of the Internal Revenue Code ("Code"), your Domestic Partner may be considered to be a dependent for tax purposes if you meet the following requirements:

- 1. The Domestic Partner is a member of your household, and has his or her principal place of residence in your home; and
- 2. You provide over half of the Domestic Partner's support for the calendar year. To determine this, the amount you contribute must be compared with the amounts received for support by the Domestic Partner from all other sources, including any amounts supplied by him or her, including earnings.

If you elect to have the children of your Domestic Partner covered by these health benefits, the following requirements apply to have them considered as dependents for tax purposes:

- The child is your domestic partner's child, adopted child, child placed for adoption, or eligible foster child;
- The child is a member of your household, and has his or her principal place of residence in your home;
- You provide over half the child's support for the calendar year;
- The child is not a "qualifying child" (under Section 152 of the Code) of any other taxpayer (Under IRS Notice 2008-5, a domestic partner's child is not a qualifying child of the domestic partner if the domestic partner is not required to file a federal income tax return and either (a) does not file such a return, or (b) does so solely to obtain a refund of withheld income taxes); and
- The child is a U.S, citizen, national or resident of the U.S. or a resident of Canada, or Mexico; or is an adopted child and the employee is a U.S. citizen or national.

If your Domestic Partner and his/her children are dependents under the Code, you must sign the certification in Section E of this form to that effect to gain the benefit of the tax exemption. Although benefits can still be provided under PLU's **Good Fit** Plan, if your Domestic Partner and his/her children are not your dependents for tax purposes, the payments for coverage must be treated as follows:

- 1. Your premium contributions for health insurance for the Domestic Partner and his/her children will be made on an after tax basis (instead of on a pre-tax basis).
- 2. PLU's contribution for the coverage for your Domestic Partner and his/her children (if any) will be considered taxable income to you, and PLU will report the cost of that coverage to you as taxable income and withhold the applicable state and federal taxes on those amounts.