



TAX STATUS VERIFICATION OF MARRIAGE – SAME-SEX SPOUSE
FOR STATE GROUP HEALTH INSURANCE

To ensure that the correct taxes are withheld from your earnings, you must complete this form if you cover a same-sex spouse for State Group Health Insurance. If you are legally married to your same-sex spouse, you are not subject to imputed income on the fair market value of the health insurance for federal tax purposes.

If you and your domestic partner are not married, you can notify your institution's benefits office of your status by email rather than completing this form.

Upon return of this form to your institution's benefits office, any necessary tax adjustments will be made.

Form with fields: Employee Name (last, first, middle), Spouse/Domestic Partner Name (last, first, middle), Employee's Employee ID, Last 4 digits of Employee's Social Security Number, Employee's Daytime Telephone.

Are or were you and your domestic partner legally married in any jurisdiction that recognizes same-sex marriage? If yes, you are not subject to imputed income for federal tax purposes on the fair-market value of health insurance for your spouse. You are still subject to imputed income for Wisconsin tax purposes.

Form with checkboxes: Yes (with date of marriage and divorce fields), No.

I understand that Wis. Stat. § 943.395 provides criminal penalties for knowingly making false or fraudulent claims on this form and hereby certify that, to the best of my knowledge and belief, the information is true and correct.

Form with fields: Employee Signature, Date (mm/dd/ccyy).

For UW Institution Staff Only

Form with fields: Date Rec'd, Rec'd By, Affidavit of DP on File (ETF Aff, UWS Aff), UW Institution.

For UW Service Center Staff Only

Form with fields: Date Rec'd, Rec'd By, Dis-enrolled from IY (date), Entered XII earnings code (date), Corrected W-2 Completed For (2010-2013), Effective Date DP on SGH, Refund Processed (date).

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