

Domestic Partner Affidavit

Retired PLAN GROUP NUMBERS Active Employees **Employees** Kaiser Permanente Access PPO Plan 64987 64988 Kaiser Permanente Essentials (Core) Plan 14897 14898 Kaiser Permanente HSA HMO Plan (Individual) 16584 16589 Kaiser Permanente HSA HMO Plan (Family) 16585 16590 **Delta Dental of WA Plan** 287 287 Willamette Dental of WA, Inc. WA137 WA137

PLU (2021)

Date:		Date:	Date:
${f X}$.Signature of Employee:	${f X}$. Signature of Domes	tic Partner: $f X$ Signature of	f Group Administrator:
 I understand that this de I understand that a civil I have read PLU's Dom I also certify under pena 	action may be brought against us for any losses, including estic Partner Policy and Guidelines and understand its realty of perjury, under the laws of the State of Washington	ng reasonable attorney's fees and taxes, because of a false state quirements.	
Section F. Declaration	s and Signatures:		
X. Signature of Employee:			
☐ I certify my Domestic P		mestic Partners and/or His or Her Dependents: rules (see back of form) as my dependents so I elect for after-tax basis; I understand that any premiums paid by F	
I, the employee, declare that m 1. The dependent(s) reside r Or 2. My Domestic Partner is re	equired to provide coverage for the children by a court or	a: ndent(s) qualify as my Domestic Partner's dependents for tax rder.	purposes – see the back of this form
I understand that this affidavit any change of circumstances at	shall be terminated upon the death of my Domestic Partr tested to in this affidavit within thirty (30) days of the ch	ner or by a change of circumstance attested to in this affidavit. nange by filing an updated Affidavit and other applicable form	
Section C. Term of Af			
 Are not related by b the State of Washing 		n a domestic partnership with anyone else.	
 Are not married to a 	nyone, and • Are both	legally competent to register and	
(Name of • Are living together	Domestic Partner – please print)	eighteen (18) years of age or older and	
1) I, and		stic partners, and we:	
Section B. I attest tha	t:		
Employee's East Name.	1 1190.	VII.	
Employee's Last Name:	☐ A Domestic Partner's Dependents First:	☐ A Domestic Partner's Dependents MI:	
Purpose of Application:	☐ Domestic Partner	☐ Domestic Partner	

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, but, for a person who is not a spouse or child/stepchild through marriage, a *payment for health care coverage is eligible for tax exemption only if the person is a "dependent" as defined in the Internal Revenue Code*.

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 the ability of you as a PLU employee to receive those benefits and/or pay for those benefits on a tax-exempt basis.

IRS DEFINITION OF DEPENDENCY

Under the current definition in Section 152 of the Internal Revenue Code, your Domestic Partner may be considered to be a dependent if you meet several tests, including:

- 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 furnish over half of the Domestic Partner's support for the 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.
- 3. If you elect to have the children of your Domestic Partner covered by these health benefits, the same rules of dependency apply. So if the children do not receive over half of their support from you, the cost of their coverage may be taxable to you unless the child or children are your dependent(s).

If your Domestic Partner and his/her children are dependents under this 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 plan, if your Domestic Partner and his/her children are not your dependents, 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.