Statement of Dependence of Domestic Partner's Child for Participation in the RF Health Insurance Plan

The employee may only provide coverage for the partner's child if the child permanently resides in the employee's household and the employee provides 51 percent or more of the child's support. To enroll the child, the employee must complete the following statement.

Employee's Statement

Employee's Name: _____

Employee's Address: _____
No. and Street *City* *State* *Zip Code*

Child's Name: _____ Child's Birth Date: _____

1. What relationship is the dependent child to you? _____
2. What percentage of the dependent child's support do you provide? _____
3. Does this child reside in your home? ☐ Yes ☐ No

   If yes, provide the date when such residence began: _____
4. How long do you anticipate the residence to continue? _____
5. In the space provided below, provide the reason(s) why this dependent child lives with you and is dependent upon you for support.

   _____

   _____

Date: _____ Employee Signature: _____

Dependent Tax Affidavit for Enrolling Domestic Partner in the Benefits Program

STATE OF)
SS:
COUNTY OF)

The undersigned, being duly sworn, depose and declare as follows:

My domestic partner, _____,
(Name and Social Security Number)

fully qualifies as my dependent under Internal Revenue Code rule 152. I understand that if my partner's dependent status under IRC 152 changes at any time during the tax year, I will be responsible for reporting and paying tax on any resulting imputed income.

_____
Print Name (Enrollee)

_____
Address

_____
Address

_____
Signature

Sworn to before me this day of _____.
Date

_____
Notary Public

Note: *It is recommended that you seek the advice of an attorney prior to completing this affidavit.*

Proof of One Year Residency

To enroll your domestic partner in the Research Foundation benefit programs, you must submit a copy of one item of proof that you and your partner have resided together for at least one year. The proof may be one document with both names or two separate documents that show the residence of each partner. The following is a list of some items that can be used to demonstrate proof of residency. You may submit a copy of another document that proves residency began at least one year ago.

- ☐ Driver's license
- ☐ Auto registration
- ☐ Lease agreement
- ☐ Mortgage agreement
- ☐ Tax return
- ☐ Bank statement
- ☐ Passport
- ☐ Insurance benefits statement
- ☐ Paycheck stub
- ☐ Utility bill
- ☐ Telephone bill
- ☐ Joint membership (e.g., church or family association)
- ☐ Registration as a domestic partnership in the municipalities that have established such a procedure (e.g., New York City, Rochester, Ithaca)

Affidavit of Financial Interdependency

The undersigned, being duly sworn, depose and declare as follows:

We are domestic partners who reside together and are financially interdependent. We submit original documents of two of the following items (at least one of the two items must be from **List A**) as proof of our financial interdependency. ***Note:*** *Original documents will be copied only to document receipt and will be returned to you. Submitted documentation must show financial interdependency for a least one year.*

List A

- ☐ joint obligation on a loan (including an affidavit by a creditor for a personal loan)
- ☐ joint ownership of our residence
- ☐ joint renter's or home owner's insurance policy
- ☐ joint responsibility for childcare (e.g., school documents, guardianship)
- ☐ designation as beneficiary under the other's life insurance policy, retirement benefits account, or will or executor of each other's will
- ☐ an affidavit by a creditor or other person able to testify to partners' financial interdependence
- ☐ mutually granted durable power of attorney
- ☐ designation of one partner as the representative payee for the other's government benefits
- ☐ joint ownership or holding of investments
- ☐ joint ownership or lease of a motor vehicle
- ☐ lease for our shared residence, listing both as tenants
- ☐ mutually granted authority to make health care decisions (e.g., health care power of attorney)
- ☐ shared household budget for the purpose of receiving government benefits
- ☐ I claim my partner as a dependent for federal tax purposes

List B

- ☐ joint bank account
- ☐ status as authorized signatory on the partner's bank account, credit card, or charge card
- ☐ joint credit or charge card(s)
- ☐ other proof establishing economic interdependency

_____	_____
Name (Enrollee)	*Name (Partner)*
_____	_____
Address	*Address*
_____	_____
Address	*Address*
_____	_____
Signature	*Signature*

Sworn to before me this day of _____. _____

Date Notary Public

Benefit Plan Affidavit of Domestic Partnership

STATE OF)

SS:

COUNTY OF)

The undersigned, being duly sworn, depose and declare as follows:

We are both eighteen years of age or older and unmarried. If either or both of us have been married, we submit evidence of the termination of the marriage.

We are not related by blood in a manner that would bar marriage under the laws of the State of New York. We are each other's sole domestic partner, have been so for at least one year prior to the date of this affidavit, and intend to remain so indefinitely. We are in a relationship of mutual support, caring, and commitment, and have assumed responsibility for each other's welfare.

We have been living together on a continuous basis for at least one year prior to the date of this affidavit. (See "Proof of One Year Residency" form.)

One of us is enrolled in the Research Foundation Health Insurance Program.

Neither of us has been registered as a member of another domestic partnership within the last year.

I, the enrollee, affirm that I will file a "Termination of Domestic Partnership" form within 14 days of the date I or my partner no longer meets one or more of the qualifying criteria set forth above.

I, the enrollee, understand that any false or misleading statement made in order to receive benefits for which I do not qualify will subject me to financial responsibility for any benefits paid on behalf of my partner and potential disciplinary action by my employer.

_____	_____
Name (Enrollee)	*Name (Partner)*
_____	_____
Social Security Number	*Social Security Number/Date of Birth*
_____	_____
Address	*Address*
_____	_____
Address	*Address*
_____	_____
Signature	*Signature*

Sworn to before me this day of _____.

Date

_____

Notary Public