



Certification of Dependents

Employee/Post Doc Fellow/Trainee: _____
Last Name, First MI Social Security #

Your Spouse/ Civil Union Partner: _____
Last Name, First MI Social Security #

- My spouse or civil union partner's date of birth is _____.
- Check here if your spouse or civil union partner is **an employee of UVM**.
- Check here if your marriage/union is recognized by the State of VT but not by the Federal government.

Section I – Certification of Your Spouse or Civil Union Partner

I hereby certify that the person listed above is my spouse/party to a civil union and that s/he meets the eligibility requirements for spouse/party to a civil union as found in **Section III** of this certification form.

Note: The University reserves the right to request, at the employee's expense, an opinion from a qualified attorney attesting to the validity of the marriage or civil union according to the laws of the jurisdiction in which it was solemnized. The University further reserves the right to seek an independent verification of validity.

Signature Date

Address of your spouse/civil union partner if different from your own:

Mailing Address: _____

City, State and Zip Code: _____

Section II – Certification of Your Dependent Child(ren)

I **certify that** the following child(ren) meet(s) all of the eligibility requirements set forth in Section IV of this form.

<u>Name of Child</u>	<u>Date of Birth</u>	<u>Social Security No.</u>	<u>Full-Time Student (Y/N)</u>
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____
6. _____	_____	_____	_____

Signature Date

Section III - Definitions

UVM employees may wish to apply for benefits for their spouse, civil union partner or dependent children. In order to qualify, dependents must meet the eligibility conditions of the University medical, dental and life insurers. The following summarizes those conditions:

Dependents are considered qualified dependents if they are the spouse, civil union partner or dependent child of the employee. A spouse or civil union partner will qualify if: (i) the marriage or civil union is valid in the jurisdiction in which it was solemnized, and (ii) the marriage or civil union does not violate Vermont law or the express public policy of the State of Vermont.

The University reserves the right to request from the employee, at the employee's expense, an opinion from a qualified attorney attesting to the validity of the marriage or civil union according to the laws of the jurisdiction in which it was solemnized. The University further reserves the right to seek an independent verification of validity. The University also reserves the right to require proof of legal responsibility for dependent children.

The University will also extend benefits eligibility, for the first three months of employment, to the same sex spousal equivalent of a new employee who comes to UVM from another state where civil unions and same-sex marriages are not legal. To retain spousal benefits, these employees must enter into a marriage under Vermont law within three months of employment.

Section IV - Eligibility for Coverage of Children Under the University's Health and Dental Plans

In order for children to be covered as dependents under the University's health, dental and life insurance benefits, the following conditions must be met:

- 1.) For **medical** coverage, the child(ren) must be under the age of 26.
- 2.) For **dental and life** insurance benefits, the child(ren) must be primarily dependent upon the employee and his/her spouse/civil union partner for support, living within their household in a regular parent/child relationship. Additionally, the child(ren) must be:
 - unmarried and under age 19; or
 - unmarried and under age 24 and a full-time student attending an approved school or college; or
 - over **19** and unmarried and mentally or physically incapacitated. (You must have applied for incapacitated child status prior to the child's 19th birthday.)
- 3.) The Employee (or Post Doc Fellow/Trainee in the case of medical coverage) and his/her spouse/civil union partner must have assumed full parental responsibility and control of the child(ren) including responsibility for any and all debts incurred by the child(ren), (e.g., charges for health care services and dental services).
- 4.) The child must be the biological child, stepchild, foster child, ward or legally-adopted child of the employee* or his/her spouse/civil union partner, or the legal dependent of the employee* or his/her spouse/civil union partner. [* or Post Doc Fellow/Trainee in the case of medical coverage]

Section V - Acknowledgments

In completing and signing this certification form, I am aware of and agree to the following terms and conditions:

1. False Certification

I understand that falsely certifying eligibility, or otherwise misstating, misrepresenting or omitting facts relevant to eligibility, may result in disciplinary action (including dismissal). I further understand that such conduct may subject me to civil and/or criminal prosecution for benefits wrongfully obtained and that I may become liable for such benefits and expenses associated with their recoupment (including reasonable attorney's fees).

2. Changes in Status

I agree to notify Human Resource Services at the University of Vermont in writing of **a)** any change in my marital status or in my relationship with my party to a civil union which would nullify his/her entitlement to benefit coverage *or*, **b)** any change in the status of my dependent children which would make them ineligible for benefit coverage. Such notification of change in status must be communicated in writing to Human Resource Services *within thirty days of the change.*

3. Tax Status of Health Care Premiums Paid by the University on Behalf of a Civil Union Partner

I understand that the Internal Revenue Service regulations do not exempt benefit premiums paid by the University on behalf of an Employee's civil union partner (or Post Doc Fellow's/Trainee's civil union partner). Therefore, for employees the University will automatically include the value of its health care contribution or COBRA equivalent in my taxable income. Post Doc Fellows/Trainees will need to include this value in their taxable income. I further understand that if there is some circumstance for which the University contribution to my civil union partner's health care premium might be excluded from my taxable income, I can bring this matter to the attention of Human Resource Services. The University, in considering the taxability of the benefit premium, will require a written opinion from my qualified tax advisor. The University will, at its discretion, seek legal advice on questionable opinions.

Vermont amended its personal income tax law, effective January 1, 2001. This amendment allows the University to exempt employer premium payments toward benefits on a pre-Vermont-income-tax basis; however, this only applies to same-sex couples who have married or become parties to a civil union (Payments will be made after-tax with respect to all other applicable taxes.)

4. Confidentiality

I understand this application and the information contained in it will be maintained by The University of Vermont as a confidential personal document, and shall not be disclosed in the absence of the Employee/Post Doc Fellow/Trainee's written consent except as necessary to provide benefits coverage or otherwise as required by law.

5. Affirmation

I affirm that the assertions in this certification form are true and accurate to the best of my knowledge and that The University of Vermont may at any time request verification of marriage, marital equivalency with a party to a civil union, or legal responsibility for a dependent child. This verification may include, but would not be limited to, the requirement that I provide a copy of my marriage certificate or verification of financial interdependency equivalent to marriage. Such verification might include evidence of combined purchase of a home, joint checking or savings accounts, joint liability for credit cards, joint responsibility for the lease of property, joint title for an automobile, beneficiary of UVM life insurance, beneficiary of a UVM 403(b) account, evidence of durable powers of attorney for property or health, wills specifying the party to a civil union as the major recipient of Employee's/Post Doc Fellow's/Trainee's financial assets, etc. In certifying the dependency of a child, a birth certificate or court-generated legal document may be required.

Signature

Date