



Section I. Domestic Partner Attestation

You must complete this attestation form to be submitted with the BCBS enrollment form to add a domestic partner to University of Vermont’s medical insurance plan.

Employee ID (7-digits) _____

I, _____ (name of employee) swear that I and _____ (print name of domestic partner) are domestic partners and we certify that we meet all of the following criteria:

1. We are each other’s sole domestic partner and have been in an exclusive and enduring domestic relationship, while sharing a residence, for not less than six consecutive months prior to the submission of this application.
2. We are both eighteen years of age or older.
3. Neither one of us is legally married to anyone.
4. We are not related by blood closer than would bar marriage under Vermont State law.
5. We are both competent to enter into a legally binding contract.
6. We have agreed between ourselves to be responsible for each other’s welfare.

Further, I agree to notify the University of Vermont’s Department of Human Resources within 30 calendar days after termination of this domestic partnership.

I understand that I may be required to produce documentary evidence to support this application.

I understand that this application and the information contained in it will be maintained by the University of Vermont as a confidential personnel document, and shall not be disclosed in the absence of my written consent except as necessary to provide and administer benefits coverage or otherwise as required by law.

I understand that if my domestic partner does not qualify as my dependent under Section 152 of the Internal Revenue Code, the cost of providing coverage for them will be considered taxable income to me as an employee and subject to tax withholding, and premium payments related to my domestic partner will be deducted from my paycheck on an after-tax basis.

In addition, I understand that if I terminate employment with the University and/or should my relationship with my domestic partner end, my (former) domestic partner may not be eligible for COBRA Continuation Coverage.

Confidentiality

The application for benefits associated with this attestation shall be submitted directly to the Human Resources at the University of Vermont and shall contain the following statement: “I understand that this application and the information contained in it will be maintained by the University as a confidential personnel document, and shall not be disclosed in the absence of the employee’s written consent except as necessary to provide and administer benefits coverage or otherwise as required by law.”

Tax Status Criteria: I understand that my employer has a legitimate need to know the federal income tax status of my relationship. I understand that if a domestic partner does not qualify as my dependent under Section 152 of the Internal Revenue Code, the employer premium cost contribution will be considered taxable income to me as an employee and subject to tax withholding. Additionally, employee paid premium payments related to my domestic partner will be deducted from my paycheck on an after-tax basis.

Check one of the following boxes. Since the above is a summary of complex tax rules, we recommend you consult with your tax advisor regarding your specific circumstances.

- Yes, my domestic partner is reasonably expected to be my tax dependent pursuant to the Internal Revenue Code for the 20____ calendar year.
- No, my domestic partner is not expected to be my tax dependent pursuant to the Internal Revenue Code for the 20____ calendar year.

Annual Attestation Process: Each calendar year, employees who wish to provide insurance coverage for their domestic partner through the University of Vermont will be required to submit an attestation. The employee must complete the form verifying whether or not their domestic partner meets eligibility requirements as an IRS dependent. If the employee fails to return the attestation form for the domestic partner, the cost of the employer’s contribution to the domestic partner’s coverage will be provided on a taxable basis and the employee’s premium payments related to the domestic partner will be deducted on an after-tax basis.

I understand that any misrepresentation or falsification of information on this application may result in loss of medical insurance coverage, shall be considered gross misconduct, and may result in disciplinary action up to and including dismissal from employment and/or civil action. I hereby swear, under penalty of perjury under the laws of the State of Vermont, that the foregoing is true and correct.

Employee Signature: _____

Date: _____

Section II. CHILD ATTESTATION

You must complete a separate attestation form, including submission of supporting documentation as outlined in Section III, for each child to be submitted with the BCBS enrollment form to add children of a domestic partner who are not your own legal child to University of Vermont's medical insurance plan.

Employee ID (7-digits) _____

I, _____ (name of employee) declare, _____ (name of domestic partner's child), as my Domestic Partner's child who meets the following criteria:

The child meets the following criteria:

- The child can be, and is, claimed as a dependent by me for Federal Income tax deduction purposes; OR
- The child can be, and is, claimed as a dependent by my domestic partner for Federal Income tax deduction purposes AND my domestic partner is receiving health insurance coverage through UVM as my domestic partner; OR
- The child is not claimed as a dependent of me or my domestic partner for Federal Income tax deduction purposes, but the child resides with me and my domestic partner and my domestic partner and I have agreed between ourselves to be jointly responsible for the child's welfare, AND my domestic partner is receiving health insurance coverage through UVM as my domestic partner.

Tax Status Criteria: I understand that if a domestic partner's child does not qualify as my dependent under Section 152 of the Internal Revenue Code, the cost of providing coverage for them will be considered taxable income to me as an employee and subject to tax withholding. Additionally, premium payments related to my domestic partner's child will be deducted from my paycheck on an after-tax basis.

Check one of the following boxes. Since the above is a summary of complex tax rules, we recommend you consult with your tax advisor regarding your specific circumstances.

- Yes, my domestic partner's child is reasonably expected to be my tax dependent for the 20____ calendar year.
- No, my domestic partner's child is not expected to be my tax dependent for the 20____ calendar year, but is a tax dependent of my domestic partner and/or does reside with me and my domestic partner and we have agreed to be jointly responsible for the child's welfare.

Annual Attestation Process: Each calendar year, employees who wish to cover the children of their domestic partner will be required to submit an attestation. The employee must complete the form verifying whether or not the domestic partner's child meets IRS eligibility requirements as an IRS dependent of themselves. If the employee fails to return the attestation form, relationship of the children of a domestic partner will be identified as non-tax dependent which may result in the cost of medical coverage to be provided on a post-tax basis.

I understand that any misrepresentation or falsification of information on this application may result in loss of medical insurance coverage, shall be considered gross misconduct, and may result in disciplinary action up to and including dismissal from employment and/or civil action. I hereby swear, under penalty of perjury under the laws of the State of Vermont, that the foregoing is true and correct.

Signature of Employee : _____

Dated: _____

Section III. Documentation to Support Proof of Domestic Partnership

Domestic Partner Documentation

For enrollment of Domestic Partners identified as an IRS dependent of the employee, the employee must provide a copy of their most recent tax return.

For enrollment of Domestic Partners who are not identified as IRS dependents of the employee, employees may be required to submit proof from the list below. One of these proofs must be at least six months old on the date you submit this form. Evidence to support the your request may include, but is not necessarily limited to, the following:

- Evidence of joint purchase of home;
- A copy of a lease for a residence identifying both parties as responsible for the payment of rent;
- Evidence of a joint checking account;
- Evidence of a joint savings account;
- A title for a car showing joint ownership;
- Evidence of joint liability for credit cards;
- A copy of the plan proceeds form specifying that the domestic partner is the named beneficiary of employee life insurance;
- Evidence that the domestic partner is the beneficiary of the employee's deferred compensation;
- Evidence of durable powers of attorney for property or health;
- Wills specifying the domestic partner as the major recipient of employee's financial assets;
- Other forms of evidence depicting significant joint financial interdependency.

Proof of Cohabitation. Employees seeking to enroll a domestic partner in UVM's health insurance benefit may be required to submit at least one form of proof from the list below to prove that you and your Domestic Partner reside together. All documents submitted for proof of cohabitation must be at least six months old as of the date you submit this form. This proof may be one document on which both names appear, or two separate documents that specify each partner's residential address. Your proofs must contain a residential address. A P.O. Box is not an acceptable proof.

Acceptable forms of proof include:

- Bank statement mailed to residential address
- Pay check stub
- Driver's license or automobile registration showing residential address
- Insurance benefits statement mailed to residential address
- Joint membership statement mailed to residential address (e.g., church or other organization)
- Joint mortgage or lease agreement
- Joint ownership of residence
- Tax return listing residential address
- Telephone/Utility bill mailed to residential address
- Registration as a domestic partnership in a municipality that has established such a procedure

Acceptable Documentation for Proof of domestic partner's parent/child relationship:

- Birth certificate/hospital record showing the child's parent(s)
- Court-approved adoption papers (with signature or seal)
- Court-approved letters of guardianship (with signature or seal)
- Adoption Placement Agreement and Petition for Adoption
- Court child support order that documents the child's parent(s)