

APPENDIX VII
CERTIFICATION OF DOMESTIC PARTNERSHIP

Employee:

| | | |
|-----------|------------|------|
| Last Name | First Name | M.I. |
|-----------|------------|------|

Social Security Number: _____

Domestic Partner: _____

| | | |
|-----------|------------|------|
| Last Name | First Name | M.I. |
|-----------|------------|------|

Social Security Number: _____

For your Partner, complete section A and section B (if it applies) below.

A. Partner Certification

I hereby certify that the above named person and I meet all of the eligibility requirements as “Domestic Partners” under the Union College policy, including acknowledgment of financial responsibility for each other. I understand that (1) falsely certifying eligibility or failing to inform Union College if we cease to meet eligibility requirements in any respect will result in loss of insurance and benefit coverage for the Domestic Partner retroactive to the change of status and that I, the Union College employee, will be liable for premiums remitted by the College to the various insurance and benefit companies via payroll deduction, (2) that Union College may ask me to provide evidence that the eligibility requirements are being met, (3) that, unless my Partner is a tax-qualified dependent, Union College’s cost of providing these benefits to my Partner is considered taxable income to me, and (4) that it is possible that this Certification could be used as evidence by creditors of my Domestic Partner.

Signature of Employee: _____ Date: _____

Signature of Domestic Partner: _____ Date: _____

B. Partner Certification as a Tax-Qualified Dependent

I certify that the previously named person whom I am enrolling for coverage is my legal tax dependent under IRS Sec. 152. I understand that falsely certifying dependency could result in potential charges of tax fraud. I further agree to notify Union College immediately of any change in this tax status.

Signature of Employee: _____ Date: _____