

## Legally Domiciled Adult Affidavit

### Part 1. Colleague and Legally Domiciled Adult (LDA) General Information

Please note that both you and your legally domiciled adult must certify the accuracy of the information submitted on this form by signing Part V.

#### Colleague

<b>Name:</b>	<b>HSHS Affiliate:</b>	<b>Colleague ID #:</b>
<b>Street Address/City/State/Zip:</b>		
<b>Length of time at this address:</b>	<b>Phone Number:</b>	

#### LDA Candidate

<b>Name:</b>	<b>Date of Birth:</b>
<b>Gender:</b>	<b>SSN:</b>
<b>Street Address/City/State/Zip:</b>	
<b>Length of time at this address:</b>	<b>Phone Number:</b>

### Part II. Eligibility Affirmation (chose either A or B and complete only one)

By electing legally domiciled adult coverage, I certify that all of the following eligibility criteria has been met.

#### Category (A) Legally Domiciled Adult

Category (A) Legally Domiciled Adult	Please Check
LDA Candidate is at least eighteen (18) years of age.	<input type="checkbox"/> Yes <input type="checkbox"/> No
LDA Candidate has an ongoing, exclusive and committed relationship with the Colleague similar to marriage.	<input type="checkbox"/> Yes <input type="checkbox"/> No
LDA Candidate has lived with the colleague for at least six months, and intends to remain a member of the Colleague's household during the period of coverage.	<input type="checkbox"/> Yes <input type="checkbox"/> No
LDA Candidate shares basic living expenses and is financially interdependent with the colleague.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Neither LDA Candidate nor Colleague is legally married to anyone else.	<input type="checkbox"/> Yes <input type="checkbox"/> No
LDA Candidate is not legally related to the Colleague by blood in any way that would prohibit marriage.	<input type="checkbox"/> Yes <input type="checkbox"/> No

**Category (B) Legally Domiciled Adult**

LDA Candidate is at least eighteen (18) years of age.	<input type="checkbox"/> Yes <input type="checkbox"/> No
LDA Candidate is the Colleague's blood relative.	<input type="checkbox"/> Yes <input type="checkbox"/> No
LDA Candidate has lived with the colleague for at least six months and intends to remain a member of the colleague's household during the period of coverage.	<input type="checkbox"/> Yes <input type="checkbox"/> No
LDA Candidate meets the definition of Colleague's tax dependent as defined by Section 152 of the Internal Revenue Code during the period of coverage.	<input type="checkbox"/> Yes <input type="checkbox"/> No

**If your LDA does not meet all of the criteria for either Category (A) or Category (B), he/she will not be eligible for Legally Domiciled Adult coverage under HSHS Benefits.**

**Part III. LDA Election and Tax Treatment**

Qualified legally domiciled adult coverage is elected as marked below and according to the criteria outlined on Part II of this form.

**Please Check One:**

**I request to enroll my LDA as a Category (A) Legally Domiciled Adult in coverage; I certify that my LDA meets the criteria for a category (A) LDA outlined in Part II of this form.**

Note: Category (A) Legally Domiciled Adults, who do not qualify as dependents under Section 152, do not qualify for pre-tax deductions therefore deductions for LDA coverage will be taken post-tax. In addition, HSHS is required to tax the colleague on the amount the company pays in premiums for the legally domiciled adult to be on the colleague's coverage. We suggest you discuss the tax implications of covering your LDA with your tax consultant. We also suggest you discuss the legal implications of covering your LDA with an attorney before enrolling in this coverage.

**Does this LDA also meet the definition of your dependent under Section 152 of the Internal Revenue Code?**

Yes      No

**Is this LDA considered a domestic partner?**

Yes      No

**I request to enroll my LDA as a Category (B) Legally Domiciled Adult in coverage; I certify that my LDA meets the criteria for category (B) LDA outlined in Part II of this form; I understand by enrolling an LDA under my coverage that I will not be allowed to also cover my legal spouse. By checking this box, you certify that this LDA meets the definition of your dependent under Section 152 of the Internal Revenue Code.**

Note: Category (B) Legally Domiciled Adults must qualify as a dependent under Section 152 of the Internal Revenue Code, permitting deductions for this coverage to be pre-tax and HSHS to pay the company's portion of the LDA's coverage cost without taxing the colleague for this amount. We suggest you discuss the legal implications of covering your LDA with an attorney before enrolling in this coverage.

**Part IV. Supporting Documentation**

Category (A) Legally Domiciled Adult Supporting Documentation Requirement. Please check at least 3 of the following which you will provide to support your Legally Domiciled Adult's eligibility. Joint documents must be dated a minimum of 6 months prior to enrollment effective date and list the Colleague's and LDA's name, date and shared mailing address.

Common ownership of real property (joint deed, mortgage or lease)

Common ownership of a motor vehicle (car loan, lease, or title)

Joint bank account statement

Joint credit card statement

Financial power of attorney

Utility Bill

Civil Union Certificate

Shared legal guardianship documents

Primary beneficiary or executor designation

Copy of driver's licenses showing proof of shared residency

A copy of the front page of the Colleague's prior year federal tax return (Form 1040) reflecting the LDA is a qualified tax dependent as defined in Section 152 of the Internal Revenue Code.

Category (B) Legally Domiciled Adult Supporting Documentation Requirement.

The colleague must provide a copy of the front page of their prior year's federal tax return (Form 1040) reflecting the LDA is a qualified tax dependent as defined in Section 152 of the Internal Revenue Code.

**Part V. Acknowledgment**

- We have provided the information on this affidavit for the sole purpose of determining our eligibility for Legally Domiciled Adult benefits.
- We understand that if any of this information is false, HSHS reserves the right to take disciplinary action and civil action, including termination of employment and recovery of benefits paid, legal fees, and taxes.
- We have been advised that we should consult with an attorney and tax consultant for advice regarding potential legal and or tax implications of electing LDA coverage.
- We understand HSHS may change benefit coverage and eligibility at any time.
- We understand that information provided in this affidavit will be held confidentially, but will be subject to disclosure (a) upon the express written authorization of the Colleague; (b) upon request of the insurer or plan administrator; or (c) if otherwise required by law.
- We agree to notify the HSHS Colleague Service Center immediately of any changes to our relationship which would cease LDA eligibility as defined in Part II. Failure to notify the HSHS Colleague Service Center could result in disciplinary action and recovery of any benefits paid.
- We certify that the foregoing is true, complete, and accurate to the best of our knowledge.

\_\_\_\_\_  
Printed Colleague Name

\_\_\_\_\_  
Colleague Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed LDA's Name

\_\_\_\_\_  
Legally Domiciled Adult Signature

\_\_\_\_\_  
Date

The forgoing instrument was acknowledged before me this _____ day of _____, 20____ by _____.	
_____ (Notary's official signature)	<div style="border: 1px solid black; width: 100%; height: 100%;"></div>
_____ (Commission Expiration)	