



**Certification of Marriage or Domestic Partnership
Declaration of Dependents**

SECTION I (Please print):

Employee:

Last Name First MI

Spouse:

Last Name First MI

Date of Birth: _____ SS#: _____ - _____ - _____

**Domestic
Partner:**

Last Name First MI

Date of Birth: _____ SS#: _____ - _____ - _____

Dependents.

Name	Date Of Birth	Social Security #	Relationship to Employee
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			

SECTION II

Relationship Certification

- A. To be completed by **MARRIED EMPLOYEE**
I hereby certify that the person listed is my husband/wife and that he/she meets the definition of spouse in Section III of this certification form.

Signature

Date

- B. To be completed by **EMPLOYEE WITH DOMESTIC PARTNER**
I hereby certify that the person listed above is my domestic partner and that he/she meets the definition for such in Section III of this certification form.

Signature

Date

- C. Address of Spouse or Domestic Partner if different from the employee:

SECTION III

Definitions and Documentation

- A. **Spouse:** A person to whom you are currently married as recognized under New York or other applicable law.
- B. **Domestic Partner:** A same sex or opposite sex partner to whom you are not married. There must exist between the employee and his/her domestic partner a responsibility for each other's financial and general welfare equivalent to that established for married couples within the statutes of the State of New York or the state whose law otherwise applies. Neither partner may be under the age of 18. Each of the partners must be mentally competent to enter into a legally binding contract. The employee and his/her domestic partners may not be related by blood closer than would bar marriage in the State of New York, or the state whose law otherwise applies.
- C. An employee may not certify more than one spouse or domestic partner at any one time.
- D. Eligible dependents are those dependents who either meet the IRS definition of dependency under Section 152 of the Internal Revenue Code or are court-mandated dependents, for Health Benefits. Documentation of dependency may be required by the

Colleges at any time. Acceptable documentation includes a current tax return or a copy of the relevant court order of support.

- E. Documentation of marriage or domestic partnership may be required by the Colleges at any time. Acceptable documentation includes:
- A valid copy of the marriage certificate, or
 - Copies of at least three of the following:
 - ❑ A valid copy of the registration of the domestic partnership with Monroe County or any other municipal registry accepted by the Colleges.
 - ❑ Evidence of joint residence. Appropriate documentation would include any of the following:
 - ✓ Evidence of joint purchase of a home
 - ✓ A copy of a lease for a residence identifying both parties as responsible for payment of rent
 - ✓ Other evidence of joint residence such as
 - The addresses on drivers' licenses
 - The addresses on voters' registrations
 - The addresses on passports
 - ❑ Evidence of a joint checking account
 - ❑ A title for a car showing joint ownership
 - ❑ Evidence of joint liability for credit cards
 - ❑ Evidence that the spouse/domestic partner is the primary beneficiary of the employee's 403(b) retirement account and life insurance
 - ❑ Evidence of durable powers of attorney for property or health
 - ❑ Wills specifying the spouse/domestic partner as the major recipient of employee's financial assets or the administrator of the assets if the dependents, certified above, are the major recipients.
- F. If the employee, as specified above, does not provide appropriate documentation, within 30 days of a request for documentation by the Colleges, the spouse/domestic partner will be immediately ineligible for Health Benefits.

SECTION IV

Change in Status

Marriage Status or Domestic Partnership

I agree to notify the Hobart and William Smith Colleges' Human Resources Office if there is any change in our status (marriage or domestic partnership), as certified in this statement, which would make the spouse/domestic partner no longer eligible for Health Benefits. I will notify the Human Resources Office within 30 days of the change by filing a Statement of Termination. The Statement of Termination shall affirm that the marriage or domestic partnership is terminated or no longer eligible for Health Benefits and that a copy of the Statement of Termination has been mailed to the other party by the employee.

Dependent Status

I further agree to notify the Colleges' Office of Human Resources if there is any change in the status of any of my dependents which would make him or her ineligible for benefit coverage. Such notification of change in status must be communicated in writing to Human Resources within 30 days of the change.

Signature

Date

SECTION V

Acknowledgements

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 the recoupment (including reasonable attorney's fees).

2. Tax status of Health Care Premiums paid by the Colleges on behalf of domestic partners.

I understand that the Internal Revenue Service regulations do not exempt benefit premiums paid by an employer on behalf of an employee's domestic partner. For this reason the Colleges may automatically include the value of any health care contribution or COBRA equivalent in my taxable income.

3. Confidentiality

I understand this application and the information contained in it will be maintained by the Colleges as a confidential personal document, and shall not be disclosed in the absence of the employee's written consent except as necessary to provide benefits coverage or otherwise as required by law.

4. Affirmation

I affirm that the assertions in this document are, to the best of my knowledge, true and accurate.

Signature

Date