



**INSTRUCTIONS AND INFORMATION FOR COMPLETING THE
TAX STATUS VERIFICATION FOR DOMESTIC PARTNER
FOR STATE GROUP HEALTH INSURANCE**

You should complete this form to ensure that the correct federal and state taxes are withheld from your earnings if you cover a domestic partner and/or their children for State Group Health Insurance. If a non-tax dependent is covered under State Group Health Insurance, the fair market value of the coverage attributed to the non-tax dependent(s) is considered taxable income to the employee (imputed income). Additional taxes due to imputed income can range from \$100 to several hundred dollars per month.

Upon return of this form to your institution’s benefits office, any necessary tax adjustments for the current calendar year will be made. **This form is not an application for health insurance coverage.**

ELIGIBILITY REQUIREMENTS UNDER FEDERAL IRS CODE FOR PRE-TAX TREATMENT OF HEALTH INSURANCE PREMIUMS	
Tests to be a QUALIFYING RELATIVE	Tests to be a QUALIFYING CHILD
<p>In order for your domestic partner to be a tax dependent under federal and State of Wisconsin tax laws, they must meet the definition of a “qualifying relative” as described in IRS Publication 501.</p> <p>Generally, a person will qualify as your “qualifying relative” under IRC §152 if:</p> <ul style="list-style-type: none"> • The person is not your qualifying child or the qualifying child of any other taxpayer. • The person either: <ul style="list-style-type: none"> ○ Is related to you in one of the ways listed under Relatives who do not have to live with you, or ○ Must live with you all year as a member of your household (and your relationship must not violate local law). • You provide more than half of the person’s total support for the year. 	<p>Typically, a domestic partner’s child is a “qualifying child” of the domestic partner and is not a tax dependent of the employee.</p> <p>Generally, a child will qualify as your “qualifying child” under IRC §152 if:</p> <ul style="list-style-type: none"> • The child is your son, daughter, stepchild, foster child, brother, sister, half-brother, half-sister, stepbrother, stepsister, or a descendant of any of them. • The child is (a) under age 19 at the end of the year and younger than you (or your spouse if filing jointly), (b) under age 26*, or (c) any age if permanently and totally disabled. • The child lives with you for more than half of the year. <i>There are exceptions for temporary absences, children who were born or died during the year, children of divorced or separated parents (or parents who live apart), and kidnapped children.</i> • The child did not provide more than half of his or her own support for the year. • The child did not file a joint return for the year (unless that joint return is filed only to claim a refund of withheld income tax or estimated tax paid). <p>If the child(ren) meets the rules to be a qualifying child(ren) of more than one person, only one person can actually treat the child(ren) as a qualifying child(ren).</p>
<p><i>The IRS's tests are described in detail in IRS Publication 501. Note: the gross income requirement in Publication 501 does not apply when determining the pre-tax treatment of insurance deductions (per IRS Notice 2004-79).</i></p>	<p><i>*The IRS's tests are described in detail in IRS Publication 501. Note that 24-year old age limit does not apply to "qualifying child" when determining the pre-tax treatment of insurance premiums (per IRS Notice 2010-38).</i></p>



This table is only an overview of the rules. For details, see IRS Publication 501. For a worksheet to assist you in determining a dependent’s eligibility for pre-tax treatment of certain insurance premiums, see <http://www.wisconsin.edu/ohrwd/benefits/dp/uws56.pdf>.



TAX STATUS VERIFICATION FOR DOMESTIC PARTNER FOR STATE GROUP HEALTH INSURANCE

Please complete this form and return it to your institution's benefits office if you are enrolling a domestic partner and/or their dependent children. This is to ensure that the correct state and federal taxes are withheld.

Reminder: If a non-tax dependent(s) is covered under an employer-sponsored health insurance plan, the fair market value of the coverage attributed to the non-tax dependent(s) is considered taxable income to the employee (imputed income).

For assistance, you may want to complete the *Dependent Eligibility for Pre-Tax Premium Treatment of State Group Health Insurance Premiums Worksheet* (UWS-56) at <http://www.wisconsin.edu/ohrwd/benefits/dp/uws56.pdf>.

University of Wisconsin System staff cannot provide tax advice. You should consult with your tax advisor if you have questions.

Section A - Employee Information

Employee Name (last, first, middle)	Date of Birth (mm/dd/yyyy)	Employee ID Number	Last 4 Digits of SSN	Daytime Telephone

Section B – Determining Imputed Income Tax Liability

- Q1. Does your domestic partner meet the tests to be a qualifying relative (see instructions for details)?
 Yes No
- **If yes**, you are not subject to imputed income under federal or Wisconsin tax code for your domestic partner.
 - **If no**, you are subject to imputed income under federal and Wisconsin tax code for your domestic partner.
- Q2. Will your domestic partner's child(ren) be covered by your health insurance?
 Yes No
- **If yes**, go to **Q3** to determine if you are subject to imputed income for your partner's children under federal and state tax law.
 - **If no**, go to **Section C**.
- Q3. Does your domestic partner's child(ren) meet the tests to be your tax-qualified child (see instructions for details)?
 Yes No For each of your domestic partner's children, indicate in **Section C** if he or she is an Eligible Tax Dependent.
- **If yes**, you are not subject to imputed income under federal or Wisconsin tax code for your domestic partner's children.
 - **If no**, you are subject to imputed income for your domestic partner's children under both federal and Wisconsin tax code.

Section C – Tax Status of Covered Family Members

Name of Domestic Partner	Date of Birth (mm/dd/yyyy)	Gender (M/F)	Eligible Tax Dependent (Y/N)	Date of Tax Status Change (if applicable)
Reason (Ex: change in tax status):				

Below, list the child(ren) of your domestic partner only. You do **not** need to include your children who are eligible tax dependents or children you are not enrolling in the State Group Health Insurance program.

Dependent Child Name (Last, First, Middle)	Eligible Tax Dependent (Y/N)	Date Child Became a Tax Dependent

Section D – Certification

I understand that Wis. Stat. § 943.395 provides criminal penalties for knowingly making false or fraudulent claims on this form and hereby certify that, to the best of my knowledge and belief, the information is true and correct.

I understand that falsely certifying dependency status could result in potential charges of tax fraud. I further agree to notify my benefits office of any change in this tax status.

Please return this completed form to your institution’s benefits office.

Employee Signature	Date (mm/dd/yyyy)

Section E – For UW Institution Staff Only

Date Rec’d	Rec’d By	Affidavit of DP on File <input type="checkbox"/> ETF Aff <input type="checkbox"/> UWS Aff <input type="checkbox"/> N/A	UW Institution
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Section F - For UW Service Center Staff Only

Date Rec’d	Rec’d By	Dis-enrolled from IY (date)
Entered XII earnings code (date)	Effective Date DP on SGH	Refund Processed (date)

Distribution: Service Center UW Institution