

Mail Stop C293
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 www.uchsc.edu/gme

**CU GME Same Gender Domestic Partner
 Tax Certification of Dependency for Tax Treatment of Health/Dental Benefits**

Resident's Name	Resident's Social Security Number
This form is to:	
<input type="checkbox"/> Certify dependency status <input type="checkbox"/> Cancel previous certification	

Please read the following carefully before completing this form:

- The terms "qualifying relative" and "qualifying child" are defined within Section 152 of the Internal Revenue Code.
- There may be tax implications in covering dependents not meeting the qualifications of Section 152 of the Internal Revenue Code.
- You may wish to consult with a tax advisor if you have any questions regarding dependency status.
- University of Colorado and its representatives do NOT provide tax advice.
- If this form has not been received in the CU GME Benefits Office by the 10th of the month, the taxable status of your premiums will not be changed until the next month's payroll.

Instructions: List all dependents enrolled in the CU GME Health/Dental Benefits Plan for whom you are submitting this certification (e.g. your same gender domestic partner [SGDP]):

Same gender domestic partner name (Last, First, Middle)	<input type="checkbox"/> Tax Dependent <input type="checkbox"/> Cancel Tax Dependency
Children's Name (Last, First, Middle Initial)	<input type="checkbox"/> Tax Dependent <input type="checkbox"/> Cancel Tax Dependency
	<input type="checkbox"/> Tax Dependent <input type="checkbox"/> Cancel Tax Dependency
	<input type="checkbox"/> Tax Dependent <input type="checkbox"/> Cancel Tax Dependency

I understand that by checking the Tax Dependent box, I am certifying that those listed above are my dependent(s) as defined in Section 152 of the Internal Revenue Code. Furthermore, I understand that falsely certifying dependency status could result in tax consequences. I further agree to notify CU GME Benefits Office immediately of any change in dependency status and/or this tax status.

 Resident's Signature

 Date

CU GME use only:	HRMS # _____
Date received _____	Date forwarded to PBS _____