



# COCONINO COUNTY ARIZONA

## **Domestic Partner Child Enrollment Forms and Instructions**

**The documents contained herein are to assist employees and retirees enrolling a Domestic Partner's child.**

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## Domestic Partner's Child Certification Instructions

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### Adding a Domestic Partner's Child

To add a domestic partner's child:

#### Step One (Tax Treatment):

- Complete the *Declaration of Tax Status* for the Domestic Partner's Child to determine whether your Domestic Partner's Child fulfills the requirements to be a tax dependent. **You must complete a separate form for each child you are adding. Your domestic partner's child does not need to qualify as a tax dependent to qualify for insurance coverage; however, if your domestic partner's child does not qualify as a tax dependent, you will be taxed on any additional employer's contribution toward coverage.**
- If you are unsure whether your domestic partner's child meets the support requirement for dependent status, you may confirm eligibility by using the optional *Worksheet for Determining Support* form.
  - If completing the optional *Worksheet for Determining Support*, you will need to know your qualified domestic partner's child:
    - Gross monthly income, if any
    - Mortgage/ rental payment, if any
    - Monthly expenses for items such as food, utilities, repairs, clothing, education, medical, travel, etc.
  - Keep the worksheet for your personal records. You do not need to return the worksheet with the other forms.
- Sign and date the *Declaration of Tax Status* form.

#### Step Two:

- Complete and submit all applicable provider enrollment forms (i.e. medical, dental, vision)

#### Step Three:

- Return the completed Qualified Domestic Partner forms to:

Coconino County Human Resources  
420 N. San Francisco St.  
Flagstaff, AZ 86001



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## Domestic Partner's Child Declaration of Tax Status

You must complete a separate form for each child you are adding.

I, \_\_\_\_\_, declare \_\_\_\_\_ as my Domestic Partner's Child.  
Employee Name of Domestic Partner's Child

I understand that my employer has a legitimate need to know the federal income tax status of my relationship. I understand that a Domestic Partner's Child is considered a tax dependent for purposes of employer-provided health plans **only if** each of the following requirements are met:

1. My domestic partner's child is **NOT** my qualifying child as defined by IRC 152(c), or the qualifying child (dependent) of another taxpayer.  
A qualifying child under IRC152© is...  
A.) A son, daughter, stepchild, foster child; **AND**  
B.) Under age 19 at the end of the year, **OR**  
Under age 24 at the end of the year and a full-time student, **OR**  
Any age and permanently and totally disabled; **AND**  
C.) Lived with you for more than half of the year.

**AND**

2. My domestic partner's child and I will live together (share our principal residence) for the full taxable year, except for temporary absences for reasons such as vacation, military service, or education.  
In other words, my domestic partner's child and I must live together from January 1st through December 31st.

**AND**

3. My domestic partner's child receives more than half of his or her support from me.  
Enclosed is a Worksheet for Determining Support, similar to the one the Internal Revenue Service (IRS) includes in its Publication 17, that you can use to determine whether you provide, or expect to provide, more than half of your older child's support.

**AND**

4. My domestic partner's child is a U.S. citizen, U.S. resident alien, U.S. national, or a resident of Canada or Mexico, for some part of the year.

Check one of the following boxes. Since the above is a summary of complex tax rules, we recommend you consult with your tax advisor regarding your specific circumstances.

Based on the criteria above, I declare that:

- Yes**, my domestic partner's child is reasonably expected to be my tax dependent for the purpose of employer provided health plans for the 2009 calendar year.
- No**, my domestic partner's child is not expected to be my tax dependent for the year 2009 calendar year.  
As a result, premium contributions for my domestic partner's child cannot be taken on a pre-tax basis and the value of the benefits my employer provides for my domestic partner's child will be added to my taxable income.

### By signing this form:

I declare that the information I have provided is true, complete, and correct. If it is not, or if I do not update this information within the timelines stated in the benefit rules, I may be liable for any claims paid by my health plan(s) or premiums paid on my behalf and my declared domestic partner's behalf.

### I understand that:

- this declaration of tax status may have legal implications under federal and/or state law.
- a civil action may be brought against me for any losses, including reasonable attorneys' fees, if I have made a false statement in this declaration.
- I must notify my benefits office if there is a change in the domestic partnership or domestic partner's child's tax status within 31 days of the change. A change in my family status may directly impact the calculation of my taxable income.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date



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## Worksheet for Determining Support

This worksheet is modeled after the Internal Revenue Service Publication 17 worksheet and requests historical information. However, it is necessary that you determine whether your domestic partner, will qualify as a dependent for the calendar year the dependent is enrolling (the "enrollment year"). Complete this worksheet using the income and expenses you anticipate during the enrollment year to determine if you provide more than one-half of the support for your domestic partner, or domestic partner's child. A separate worksheet must be completed for each individual.

### Important:

You can use this worksheet to determine whether an individual meets the support test to qualify as a tax dependent.

### Individual's Income

1. Did the individual you supported receive any income, such as wages, interest dividends, pensions, rents, social security, or welfare?
  - Yes (Answer questions 2, 3, 4, and 5.)
  - No (Skip to question 6.)
2. Total annual income received \$ \_\_\_\_\_
3. Amount of income used for the individual's support \$ \_\_\_\_\_
4. Amount of income used for purposes other than support \$ \_\_\_\_\_
5. Amount of income either saved or not used for lines 3 or 4 \$ \_\_\_\_\_

**The total of lines 3, 4, and 5 should equal line 2.**

### Yearly household expenses for entire household where you and the individual live

6. Lodging (*Complete either a or b*):
  - a. Rent Paid \$ \_\_\_\_\_
  - b. If not rented, show fair rental value of your home. If your domestic partner owned the home, include this amount on line 21. \$ \_\_\_\_\_
7. Food \$ \_\_\_\_\_
8. Utilities (heat, light, water, etc. not included in line 6a or 6b) \$ \_\_\_\_\_
9. Repairs that were not included in line 6a or 6b \$ \_\_\_\_\_
10. Other (i.e., furniture). Do not include expenses of maintaining home (i.e., mortgage interest, real estate taxes, and insurance). \$ \_\_\_\_\_
11. Add lines 6a or 6b through 10 \$ \_\_\_\_\_
12. Total number of persons who lived in the household \$ \_\_\_\_\_

### Yearly Expenses for the individual

- 13.. Divide line 11 by line 12 to determine each person's part of household expenses
 

\$ _____	÷	\$ _____	=	\$ _____
line 11		line 12		
14. Clothing \$ \_\_\_\_\_
15. Education \$ \_\_\_\_\_
16. Medical and dental \$ \_\_\_\_\_
17. Travel and recreation \$ \_\_\_\_\_
18. Other (please specify) \$ \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
19. Total amount for the individual's yearly support (Add lines 13 through 18.) \$ \_\_\_\_\_

20. Multiply line 19 by 50% (1/2 of the individual's support) \$ \_\_\_\_\_
21. Amount the individual provided for his or her own support:
  - Amount from line 3 \$ \_\_\_\_\_
  - Amount from line 6b (include if the individual owned the home) \$ \_\_\_\_\_

**Add lines 3 and 6b, if each are applicable** \$ \_\_\_\_\_
22. Amount that others added to the individual's support. Include amounts provided by state, local, and other welfare societies or agencies. Do not include any amounts from line 2. \$ \_\_\_\_\_
23. Amount you provided for the individual's support:
 

\$ _____	-	\$ _____	-	\$ _____	=	\$ _____
line 19		line 21		line 22		

24. Is line 23 more than line 20? If so, the individual qualifies as a tax dependent. Check "Yes" on the *appropriate Declaration of Tax Status* form.