



Legally Domiciled Adult Affidavit

Qualifications for eligibility as a Legally Domiciled Adult (LDA) dependent:

Category (A) Legally Domiciled Adult – Has lived with the associate continuously for at least twelve (12) months, has an on-going, exclusive and committed relationship with the associate similar to marriage (not a casual roommate or tenant), shares basic living expenses and is financially interdependent with the associate, and is neither legally married to anyone else nor legally related to the associate by blood in any way that would prohibit marriage.

Category (B) Legally Domiciled Adult – Has lived with the associate for at least six (6) months continuously, is the associate's blood adult relative who meets the definition of his or her tax dependent as defined by Section 152 of the Internal Revenue Code during the coverage period, and is neither receiving benefits from an employer nor eligible for any group coverage.

Part I. Associate and Legally Domiciled Adult (LDA) General Information

Please note that both you and your LDA dependent must certify the accuracy of the information submitted on this form by signing Part IV.

Associate

Name:	Associate S-ID:
Work Site:	Phone Number:

LDA Candidate

Name:	Date of Birth:
Gender:	SSN:

Verification of Shared Principle Residence:

Date Associate and LDA entered into continuous shared principle residence: _____

Current shared residence address:
Length of time at this address:
Previous shared residence(s) if at current residence less than 12 months:

Part II. Eligibility Affirmation (choose either Category (A) or Category (B) below and complete only one)

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

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, committed, and exclusive relationship with the associate or is in a civil union partnership in the state of Colorado with the associate.	<input type="checkbox"/> Yes <input type="checkbox"/> No
LDA Candidate has lived with the associate for at least twelve months, and intends to do so indefinitely.	<input type="checkbox"/> Yes <input type="checkbox"/> No
LDA Candidate shares basic living expenses and is financially interdependent with the associate.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Neither LDA Candidate nor Associate has been in a civil union, legally married to or legally separated from anyone else in the past twelve months.	<input type="checkbox"/> Yes <input type="checkbox"/> No
LDA Candidate is not legally related to the associate 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 associate's Child or Parent by birth, by marriage (step/in-law), by legal adoption or by legal guardianship.	<input type="checkbox"/> Yes <input type="checkbox"/> No
LDA Candidate has lived with the associate for at least six months and intends to remain a member of the associate's household during the period of coverage (1 year).	<input type="checkbox"/> Yes <input type="checkbox"/> No
LDA Candidate meets the definition of associate's tax dependent as defined by section 152 of the Internal Revenue Code.	<input type="checkbox"/> Yes <input type="checkbox"/> No
LDA Candidate is neither receiving healthcare benefits from an employer nor is eligible for or entitled to Medicare, Medicaid, or other group health coverage.	<input type="checkbox"/> Yes <input type="checkbox"/> No

NOTE: If your LDA does not meet all of the criteria for either Category (A) or Category (B), s/he will not be eligible for Legally Domiciled Adult coverage under the SCL Health benefit plans.

Part III. LDA Election and Tax Treatment

Qualified LDA 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) LDA dependents, who do not qualify as dependents under section 152, do not qualify for pre-tax deductions. Therefore, deductions for Category (A) LDA coverage will be taken post-tax. In addition SCL Health is required to tax the associate on the amount the company pays in premiums for the Category (A) LDA to be on the associate'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

- 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.

Note: Category (B) LDA dependents qualify under section 152 and deductions for this coverage will be pre-tax. In addition, SCL Health is not required and will not tax the associate for the amount the company pays in premiums for the Category (B) LDA to be on the associate's coverage. We 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

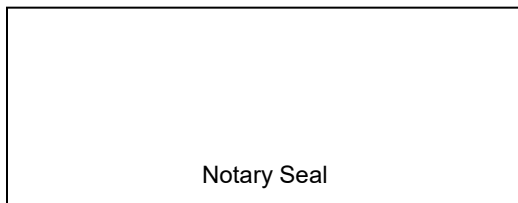
Part IV. Acknowledgment

- We acknowledge that we will be contacted by HMS, SCL Health’s third party dependent verification administrator, to verify the eligibility of the LDA to be on the SCL Health benefit plans and that we will need to re-verify this eligibility every plan year.
- We understand that if any of this information is false, SCL Health reserves the right to take disciplinary action and civil action, including termination of employment and recovery of benefits paid, legal fees, and taxes.
- We acknowledge that once the LDA is approved and eligibility verified, associate may need to pay back premiums to original date of coverage for their LDA.
- 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 coverage for an LDA.
- We agree to notify SCL Health of any changes to our relationship which would cease LDA eligibility as defined in Part II. Failure to notify SCL Health could result in disciplinary action and recovery of benefits paid.
- We certify that the foregoing is true, complete, and accurate to the best of our knowledge.

_____	_____	_____
Print Associate Name	Associate Signature	Date
_____	_____	_____
Print LDA’s Name	Legally Domiciled Adult Signature	Date

Notary Information:

Subscribed and sworn to before me this _____ day of _____, 20__ by _____.



Notary’s official signature

My commission expires:

_____ 20__

_____ County _____ State

Submit this completed, notarized Affidavit to the HR Service Center

By Fax: 303-8135240 or By Email: SO-HRSupport@sclhealth.org