



## Legally Domiciled Adult Affidavit

### Part 1. Associate and Legally Domiciled Adult (LDA) General Information

Please note that both you and your legally domiciled adult must certify the accuracy of the information submitted on this form by signing Part V.

#### Associate

<b>Name:</b>	<b>Work Site:</b>	<b>Associate S-ID:</b>
<b>Street Address/City/State/Zip:</b>		
<b>Length of time at this address:</b>	<b>Phone Number:</b>	

#### LDA Candidate

<b>Name:</b>	<b>Date of Birth:</b>
<b>Gender:</b>	<b>SSN:</b>
<b>Street Address/City/State/Zip:</b>	
<b>Length of time at this address:</b>	<b>Phone Number:</b>

### Part II. Eligibility Affirmation (chose either A or B and complete only one)

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

#### Category (A) Legally Domiciled Adult

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 a close personal 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 six 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 6 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
LDA Candidate is neither receiving benefits from an employer nor eligible for any group coverage.	<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 benefits from an employer nor eligible for any group coverage.	<input type="checkbox"/> Yes <input type="checkbox"/> No

**If your LDA does not meet all of the criteria for either Category (A) or Category (B), they will not be eligible for Legally Domiciled Adult coverage under SCLHS Benefits.**

### Part III. LDA Election and Tax Treatment

Qualified legally domiciled adult 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) Legally Domiciled Adults, who do not qualify as dependents under section 152, do not qualify for pre-tax deductions therefore deductions for LDA coverage will be taken post-tax. In addition SCLHS is required to tax the associate on the amount the company pays in premiums for the legally domiciled adult 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) Legally Domiciled adults, qualify under section 152 and deductions for this coverage will be pre-tax. In addition SCLHS is not required and will not tax the associate for the amount the company pays in premiums for the legally domiciled adult 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.

### Part IV. Supporting Documentation

Please check at least 3 of the following which you will provide to support your Legally Domiciled Adult's eligibility. Joint documents must be dated a minimum of 6 months prior to enrollment effective date.

- Common ownership of real property (joint deed or mortgage)
- Common ownership of a motor vehicle
- Joint bank account or credit accounts
- Power of Attorney (medical or financial)
- Civil Union Certificate
- Shared legal guardianship documents
- Primary beneficiary or executor designation
- Copy of driver's license showing proof of shared residency

Category (B) Legally Domiciled Adult Supporting Documentation Requirement.

- The associate must provide a copy of the front page of their prior year's federal tax return (Form 1040) confirming the LDA is a qualified tax dependent as defined in Section 152 of the Internal Revenue Code.

**Part V. Acknowledgment**

- We understand that if any of this information is false, SCL Health System reserves the right to take disciplinary action and civil action, including termination of employment and recovery of benefits paid, legal fees, and taxes.
- 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 LDA coverage.
- We agree to notify SCL Health System of any changes to our relationship which would cease LDA eligibility as defined in Part II. Failure to notify SCL Health system 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 LDAs Name	Legally Domiciled Adult Signature	Date

**Submit the completed Affidavit to the HR Service Center: By Fax: 303-813-5240 or By Email: SO-HRSupport@sclhealth.org**

The forgoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_  
by \_\_\_\_\_.

\_\_\_\_\_

(Notary's official signature)

\_\_\_\_\_

(Commission Expiration)