



Certification of Same-Sex/Opposite-Sex Partnership

Please print clearly and complete all information requested. **Not for use by married couples.** If you have married since last completing this form, please contact Human Resources to discuss how to verify your change in status and how marriage may affect your tax and benefits status. You may need to complete additional benefits forms provided by Human Resources, depending on the outcome of the certification request in this document.

Employee Information

Employee: _____ Department Extension: _____

For your Domestic Partner, you must complete Section A and Section C (if applicable) below. For your Partner's child(ren), you must complete Section B and Section C (if applicable) below.

Partnership Certification

Section A

Please list the name of your Domestic Partner and indicate (yes/no) whether your Domestic Partner is a tax-qualified dependent on your federal tax return.

Name: _____

Do you list this person on your federal tax return as a dependent (See Sections B certifying dependent children)? Yes ____ No ____

If "yes", you do not need to complete the rest of this form. Just sign and return the form to Human Resources with a copy of your most recent tax return showing this dependent.

(Why? Dependents receive full tax relief and do not pay tax on benefits for their federally-qualified dependents.)

If "no" please complete the required sections, below.

We certify that we are Domestic Partners in accordance with the following criteria and eligibility requirements:

1. We are each other's sole Domestic Partner and intend to remain so indefinitely.
2. We are jointly responsible for each other's common welfare, share financial obligations and share our primary residence. We can and will, upon request by the College or an insurance carrier, provide evidence of joint responsibility. Joint responsibility may be demonstrated by the existence of two or more of the following:
 - Domestic Partnership Agreement or Relationship Contract.
 - Joint mortgage of joint ownership of a primary residence.
 - Two of:
 - Joint ownership of a motor vehicle
 - Joint checking account
 - Joint credit account
 - Joint lease

- The Domestic Partner has been designated as a beneficiary under the Employee's will, life insurance, retirement plan, or an IRA.
 - Other documentation that is deemed acceptable by the College's insurance carrier.
3. Neither of us is married, and we are (i) at least (18) years of age and mentally competent to consent to contract, and (ii) not related by blood to a degree of closeness which would prohibit marriage in the State of Massachusetts.
 4. Our domestic partnership (as defined in items one through three above) has been in existence for at least twelve (12) months prior to the effective date of this Certification.
 5. We understand that domestic partners are subject to the eligibility provisions of the College's Health Plans, and that these provisions must be satisfied in order to participate in the Plans.
 6. We understand that, unless the Domestic Partner is a tax-qualified dependent (under Section C below), the College's contribution to the cost of providing benefits to the Domestic Partner will be taxable income to the Employee. In addition, the Employee will not be able to make pre-tax contributions towards Domestic Partner benefits under the Health Plan, Flexible Medical Spending Accounts, or the Flexible Dependent Spending Account.
 7. We understand that if our Domestic Partnership terminates because we marry, then the Domestic Partner and any of the Domestic Partner's children who receive benefits from one of the College's employee benefit plans will no longer be eligible for benefits under this Domestic Partnership Certification. The Employee must notify the College in writing within thirty-one (31) days of the marriage, and then you and the Domestic Partner must re-enroll as a married couple.
 8. We understand that if our Domestic Partnership terminates because our relationship as Domestic Partners has ended, the Domestic Partner and any of the Domestic Partner's children who have been eligible for benefits from one of the College's employee benefit plans will no longer be eligible. Within not more than thirty-one (31) days after the termination of the Domestic Partnership, the Employee is responsible for providing a letter stating that the Domestic Partnership has terminated and that a copy of the termination statement has been mailed to the Domestic Partner. We understand that if our Domestic Partnership terminates, neither the Employee nor the non-employee Domestic Partner, nor the children of the Domestic Partner, may enroll in any College benefit plan under the Domestic Partner rules for a period of at least twelve (12) months, and then only during the annual open enrollment period. Upon the termination of the Domestic Partnership, the Employee will have the opportunity to change their coverage level in any College employee benefit plan in which he or she participated under this Domestic Partnership Certification.
 9. We certify that the foregoing is true and correct. We, the undersigned Employee and the Domestic Partner, understand that falsely certifying eligibility or failing to inform Hampshire College if we cease to meet the eligibility requirements in any respect may lead to disciplinary action, up to and including immediate termination of the Employee's employment and may subject us to civil action to recover any losses, including reasonable attorney's fees incurred by Hampshire College or by its insurance carrier for benefits provided under Hampshire College's Plan(s).

Signature of Employee

Date

Signature of Domestic Partner

Date

Section B

Dependent Child Certification

If the child is the dependent of the Employee, indicate “Yes” for that child.

Name: _____

Federal Tax-Qualified Dependent: Yes__ No__

Name: _____

Federal Tax-Qualified Dependent: Yes__ No__

Name: _____

Federal Tax-Qualified Dependent: Yes__ No__

Name: _____

Federal Tax-Qualified Dependent: Yes__ No__

Name: _____

Federal Tax-Qualified Dependent: Yes__ No__

1. I hereby certify that the above-named children of my Domestic Partner meet all of the eligibility requirements for the employee dependents listed below:
 - The child of my Domestic Partner is unmarried, has not attained age 26, and is primarily dependent upon me for his or her support and maintenance;
 - The child of my Domestic Partner is unmarried, is physically or mentally handicapped and incapable of earning his or her own living and is primarily dependent upon me for support and maintenance, and I have submitted proof of such incapacity within 31 days of the date the child reached the limiting age according to the Plan.

I understand that, as used in the Plans and Certification, the term “child” includes my child, a legally adopted child, a stepchild, or a foster child who is dependent upon me for support or maintenance, but excludes any child who is (i) eligible for coverage as an Employee under this Plan or (ii) eligible for coverage as an Employee under another Group Health Benefit Plan.

2. I understand that falsely certifying as to a dependent’s eligibility or an unreasonable failure to inform the College when a dependent no longer meets the eligibility requirements may result in disciplinary action, up to and including immediate termination of employment with the College.
3. I understand that, unless the child of my Domestic Partner is my tax-qualified dependent (under Section C below), the College’s costs of providing benefits to the child will be taxable income to me and that I will not be able to make pre-tax contributions towards the child’s benefits under the

Health Plan, Health Flexible Spending Accounts, or the Dependent Care Flexible Spending Account.

Signature of Employee

Date

Section C

Certification of Tax-Qualified Dependent(s)

I have read and understand federal information about what determines the qualifications for tax-qualified dependents (See the IRS website including Bulletin 2006-41 for more details at http://www.irs.gov/irb/2006-41_IRB/ar11.html) and, I certify that the person(s) named above whom I am enrolling for coverage and am designating as my tax-qualified dependent(s) is (are) in fact my tax-qualified dependent(s) as reflected on my federal tax filing. I understand that falsification of this certification of dependency status may result in disciplinary action, up to and including immediate termination of my employment from Hampshire College, as well as potential charges of tax fraud. I agree to notify the College immediately of any change in this tax status.

Signature of Employee

Date

Approved for Hampshire College

By: _____ Date: _____

Title: _____