



City of Austin Texas

DOMESTIC PARTNERSHIP AFFIDAVIT AND AGREEMENT

We, _____, and _____
Print Full Name of Employee/Retiree Print Full Name of Domestic Partner

swear and affirm that we are domestic partners according to the following definition contained in the City of Austin Personnel Policies:

Domestic Partner: The individual who lives in the same household and shares the common resources of life in a close, personal, intimate relationship with a City employee if, under Texas law, the individual would not be prevented from marrying the employee on account of age, consanguinity, or prior undissolved marriage to another. A domestic partner may be of the same or opposite gender as the employee.

We understand that the City may ask us to produce documentation or other proof that we meet or continue to meet the above definition and we agree to provide such documentation or proof.

We agree that if our relationship changes so that we no longer meet the above definition, the Employee/Retiree will provide written notice of that change to the Benefits Division of the City of Austin Human Resources Department within thirty-one (31) days after the change.

This Affidavit and Agreement is submitted to the City of Austin specifically to qualify the Domestic Partner for coverage under the medical, dental, vision, life insurance and/or childcare plans offered by the City of Austin with the understanding that the eligibility of the Domestic Partner for such benefits depends on the truthfulness of our statements in this Affidavit. We understand that knowingly providing false or misleading information in this document will result in disciplinary action against the Employee/Retiree, and that the City may recover from either or both the Employee/Retiree and the Domestic Partner, all costs incurred by the City related to benefit coverage for the Domestic Partner.

Each of us swear and affirm that we have read this document, that the statements herein are true and correct, that we understand the content and importance of the agreements herein, and that, in consideration of the City's provision of benefit coverage for the Domestic Partner, we agree to abide by the provisions of this Affidavit and Agreement.

Employee/Retiree Signature Date

Employee/Retiree Social Security Number

Domestic Partner Signature Date

Domestic Partner Social Security Number Domestic Partner Date of Birth



**DOMESTIC PARTNERSHIP
Tax Dependent Status Form**

I. INSTRUCTIONS

Before you enroll your domestic partner and/or domestic partner's child(ren) for medical or dental coverage, be prepared to indicate whether your domestic partner and/or his or her child(ren) are your tax dependent(s) for federal income tax purposes. Use this form to indicate whether or not your domestic partner qualifies as your tax "dependent" under the Internal Revenue Code. Because the Human Resources Department cannot provide tax advice, seek help from a professional advisor if you have questions.

II. TAX DEPENDENT STATUS

If your domestic partner and/or his or her child(ren) qualify as your tax dependent(s) as that term is defined by the Internal Revenue Code (IRC) and its regulations, then you may pay for your portion of medical and dental premiums with before tax dollars. Furthermore, the additional portion of the premiums the City of Austin pays will be provided tax-free. Finally, you may also be able to be reimbursed from your FLEXTRA Health Care or Dependent Care Accounts for their health and/or dependent care expenses.

If your domestic partner and/or your domestic partner's child(ren) do not qualify as your tax dependent(s) for federal income tax purposes, then you must pay for your portion of medical and dental premiums with after tax dollars. Furthermore, the additional portion of the premiums the City of Austin pays for the coverage of your domestic partner and/or his or her child(ren) will be included (i.e., imputed) in your gross income and subject to applicable payroll taxes. Finally, you will not be able to be reimbursed from your FLEXTRA Health Care or Dependent Care Accounts for their health and/or dependent care expenses.

If you fail to indicate the federal income tax status of your domestic partner and/or your domestic partner's children below, the City of Austin will treat your domestic partner and/or domestic partner's children as not qualifying as your tax dependent's for federal income tax purposes.

III. TAX STATUS SELECTION

Indicate below whether or not your domestic partner qualifies as your "dependent" for federal income tax purposes, as that term is modified for purposes of coverage under accident or health plans under Internal Revenue Code section 105(b).

You should consult with a qualified attorney or financial advisor before you verify that your domestic partner and/or your domestic partner's child(ren) are dependents as defined by IRC Section 152, without regard to the amount of their annual gross income.

Domestic Partner Tax Dependent Status

Check the box that applies.

Is your domestic partner your “dependent” as that term is defined by the Internal Revenue Code and its regulations and as that term is modified for purposes of coverage under accident or health plans under Internal Revenue Code section 105(b)?

Yes

No

Children of the Domestic Partner Tax Dependent Status

Check the box that applies.

Are the children of your domestic partner who you intend to cover your “dependents” as that term is defined by the Internal Revenue Code and its regulations and as that term is modified for purposes of coverage under accident or health plans under Internal Revenue Code section 105(b).

Yes

No

IV. SIGNATURE

I understand that the declarations I have made herein have legal and financial implications and that, before signing this document, I should seek competent professional legal and/or tax advice. I agree to reimburse the City of Austin for any and all liability including, but not limited to, taxes, penalties, or losses, that the City of Austin may incur due to its reliance on the statements I have made on this form. I will notify the Plan Administrator in writing, within thirty-one (31) days, if there is any change in my domestic partner status which may make my domestic partner no longer eligible for benefits or if there is any change in the partner’s “dependent” status for federal income tax purposes.

Employee/Retiree Signature

Date

Employee/Retiree Social Security Number