



## 2017 After-Tax Payroll Authorization Form for Domestic Partner and/or Child(ren) of Domestic Partner

Due to IRS regulations, benefit premiums for domestic partners and the dependent children of domestic partners must be taken on an after-tax basis. Additionally, any university contributions to the coverage of your domestic partner and/or your domestic partner's child(ren) will be treated as imputed income, which means that the value is added to your gross salary as though you received it as income, and then taxed. To enroll your domestic partner and/or the child(ren) of your domestic partner on the university's medical, dental, and/or accidental death and dismemberment (AD&D) insurance, you must complete:

- 1) the Enrollment/Change Form (or Re-Enrollment Form),
- 2) an Affidavit of Marriage or Domestic Partnership form (if you are enrolling your domestic partner and/or child of a domestic partner in a benefit for the first time), and
- 3) this After-Tax Payroll Authorization Form.

*Note: If you are not enrolling your domestic partner, but you are enrolling a child or child(ren) of your domestic partner **in addition to your own child(ren)** [natural, adoptive, step child(ren)] or a child for whom you are required to provide health benefits pursuant to a court order] up to age 26, this form is not required.*

PRE-TAX Medical/Dental Premiums for You or You & <u>Your</u> Child(ren)			AFTER-TAX Medical/Dental Premiums for Domestic Partners and/or Child(ren) of Domestic Partners			
<ul style="list-style-type: none"> <li>• See <b>A</b> if you are covering yourself plus a domestic partner and/or domestic partner's child(ren).</li> <li>• See <b>B</b> if you are covering yourself and your child(ren) plus a domestic partner.</li> </ul>			Coverage Category ("DP" means Domestic Partner)	High Deductible HRA Medical Plan	Dental Plan	AD&D Insurance
<b>A</b>	<b>Monthly pre-tax premium for you only</b> High Deductible Medical: \$ 0 Dental: \$ 56	+	Domestic Partner	\$624	\$56	Actual premium for coverage selected
			DP's Child(ren)	\$248	\$71	
			DP & DP's Child(ren)	\$830	\$127	
<b>B</b>	<b>Monthly pre-tax premium for you and your child(ren)</b> High Deductible Medical: \$248 Dental: \$127	+	Domestic Partner	\$582	\$56	Actual premium for coverage selected

### Authorization and Signature:

I hereby authorize (enter your total applicable "after-tax" premiums) \$\_\_\_\_\_ per month be deducted (after-tax) from my earnings to pay the premium for my domestic partner's and/or my domestic partner's medical, dental and/or AD&D benefits. By signing below I also acknowledge my understanding that I will be taxed on the value of any university contributions to the medical coverage of my domestic partner and/or my domestic partner's child(ren).

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date