



# University of Alaska

## Statement of Financial Interdependence

MAU/Major Administrative Unit (circle one)				Department
UAA	UAF	UAS	SW	
Last Name		First	M.	
Employee ID			Work Phone	

Before completing this Statement, the employee and the partner should consult an attorney and tax advisor with regard to the possible legal and tax consequences of signing this statement. To enroll FIPs and/or dependents on the health care plan and family AD&D, you must also complete the dependent enrollment form and Employee Selected Deduction form.

### I. Request for Benefits and Declaration of Eligibility

We, \_\_\_\_\_ and \_\_\_\_\_  
(Please print or type names)

request University of Alaska benefit coverage based on financial interdependency and declare that we meet all the following criteria:

- We have been in an exclusive personal relationship with each other for at least the last twelve consecutive months and intend to continue the relationship indefinitely; and,
- We have resided together at the same primary residence for at least the last twelve consecutive months and intend to reside together indefinitely; and,
- We consider ourselves to be members of each other's immediate family; and,
- We are not related to a degree of closeness such that Alaska law would preclude us from being married to each other; and,
- Neither of us are married or a member of another University qualified financially interdependent relationship; and,
- We are each at least 18 years old and are competent to enter into a contract; and,
- We are each responsible for the common welfare of the other; and,
- We share financial obligations including responsibility for each other's health care costs.

In addition, we meet at least five of the following criteria:

- joint purchase or lease of real property;
- joint ownership of a motor vehicle;
- joint bank account or joint credit account;
- the partner is named as beneficiary for life insurance provided through the University of Alaska;
- the partner is named as primary beneficiary for the TRS, PERS, or ORP and the University's Pension Plan in the event of the employee's death;
- the partner is named as primary beneficiary in the employee's will and/or the employee is named as the primary beneficiary in the partner's will;
- pursuant to a valid written power of attorney, the partner has authority to deal with property owned by the employee;
- the employee has given written authority to the partner to make decisions concerning the employee's health and well being in the event of the employee's inability to do so.

**Note:** You may be required to provide evidence of financial interdependency. This could include copies of contracts, bank account statements, joint property agreements or other documents as determined by the University.

### II. Change in Financially Interdependent Relationship

We agree to notify the local University personnel office in writing within 30 days of any change in our status which would make us no longer eligible for benefit coverage based on being financially interdependent (for example, if we no longer share the same principle residence).

### III. Partner Tax Status

\_\_\_\_\_  
 Last First

\_\_\_\_\_  
 Date of Birth

\_\_\_\_\_  
 IRS Dependent  
 YES/NO

**IV. Dependent Children of Financially Interdependent Relationships**

We declare the following to be our dependent children:

_____ Last	_____ First	_____ Date of Birth	_____ Relationship to Employee and Partner	_____ IRS Dependent Yes/No
_____ Last	_____ First	_____ Date of Birth	_____ Relationship to Employee and Partner	_____ IRS Dependent Yes/No
_____ Last	_____ First	_____ Date of Birth	_____ Relationship to Employee and Partner	_____ IRS Dependent Yes/No
_____ Last	_____ First	_____ Date of Birth	_____ Relationship to Employee and Partner	_____ IRS Dependent Yes/No

**V. Acknowledgments**

We acknowledge receipt of the Explanation of Availability of Benefits Based on Financially Interdependent Relationship and understand the program, including eligibility criteria.

We understand that the value of benefits such as health care, tuition waiver, life insurance etc., provided to the non-married financially interdependent partner and/or the partner's child(ren) will be considered and reported as taxable income to the employee in most circumstances unless the financially interdependent partner and/or child(ren) also qualify as a "dependent" under Internal Revenue Code Section 152.

We acknowledge the University of Alaska advised that we consult an attorney and tax advisor before completing this statement.

**VI. Affirmation; Penalties of Misrepresentation**

We affirm that the declarations and representations stated in this two-page document are true and correct. We understand that any misrepresentation or failure to report a change in our financially interdependent relationship may result in the loss of benefits and disciplinary action to the employee up to and including termination of employment, and that the employee and partner would be responsible for reimbursement to the University for any costs involved in providing benefit coverage when all applicable criteria have not been met. We understand that any misrepresentation made by us in this two-page document may also subject us to criminal prosecution under AS 11.56.200-.210.

Employee \_\_\_\_\_ Date \_\_\_\_\_ Partner \_\_\_\_\_ Date \_\_\_\_\_

State of Alaska \_\_\_\_\_ Judicial District

Subscribed to and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_ .

\_\_\_\_\_  
Notary Public, State of Alaska

My Commission expires: \_\_\_\_\_

**For University of Alaska use**

Accepted by:

\_\_\_\_\_  
Name Date Title