

**DOMESTIC PARTNER
DEPENDENT CHILD CERTIFICATION**

I certify that my Domestic Partner's (also known as a "spousal equivalent") child(ren) named below meet the following requirements:

1. A parent-child relationship exists between the child(ren) and me.
2. The child(ren) is (are) dependent upon me for support.
3. The child(ren) is (are) under the age of twenty-six (26) and is dependent on me for at least 50% of his/her or their support.
4. I assume full responsibility and control, including any and all debts incurred by the child(ren).
5. I, or my Domestic Partner, have a court-appointed legal relationship with the child(ren) (i.e., adoption, guardianship, foster child), or my Partner is the biological parent, or step-parent of the child.

Domestic Partner's Dependent Child(ren):

LAST NAME

FIRST NAME

M.I.

I understand that falsification of information as to a dependent's eligibility or failure to inform my employer when a dependent no longer meets applicable eligibility requirements may lead to disciplinary action and the child/children of the domestic partner will not be offered continuation of health and dental coverage under COBRA.

Signature of Employee

Date

DOMESTIC PARTNER CERTIFICATION AS A TAX-QUALIFIED DEPENDENT

Based on consultation with a tax advisor, I certify that the previously named person whom I am enrolling for coverage is my legal tax dependent under IRS Section 152. I understand that falsification of this certification of dependency status may result in disciplinary action, up to and including immediate termination of employment, as well as potential charges of tax fraud. I agree to notify the City of Portland immediately of any change in this tax status.

Signature of Employee

Date

Please print name

10/01

Employer – White Employee – Yellow Domestic Partner – Pink