



THE OHIO STATE UNIVERSITY FLEXIBLE BENEFITS PLAN
AFFIDAVIT OF DEPENDENCY FOR CALENDAR YEAR

Name of Employee:

Employee ID:

\_\_\_\_\_

\_\_\_\_\_

Calendar year for which you are claiming tax dependency (list only one year): 20\_\_

Name of Same-Sex Domestic Partner:

Social Security Number:

\_\_\_\_\_

\_\_\_\_\_

Name(s) of Same-Sex Domestic Partner's Children:

Name

Social Security Number

Name

Social Security Number

Name

Social Security Number

In order for the individuals listed above to qualify as your dependents in calendar year listed above for purposes of the Before-Tax Premium Payment Program and the Health Care Spending Account Program under The Ohio State University Flexible Benefits Plan, as amended from time to time (the "Plan"), they must qualify as your tax dependents under Section 152 of the Internal Revenue Code (as modified by Section 105(b)) and all three of the following tests must be satisfied:

- 1. You must provide more than one half of the support for each of the individuals listed above for calendar year indicated. In calculating support, you must compare the amount you contribute to the individual with the amounts he or she receives from all other sources, including earnings and interest.
2. The individuals listed above must be a member of your household listed for the above calendar year.
3. Your home must be the principal place of residence of the individuals listed for the above calendar year.

Certification:

I certify that I have read and understand the terms and conditions of the Plan and that the individuals listed above qualify as my tax dependents and satisfy all three tests outlined above. I agree to notify The Ohio State University of any changes in this tax status. I understand that falsely certifying dependency status or failing to notify The Ohio State University of any change in dependency status could result in various penalties and in The Ohio State University undertaking disciplinary action against me, up to and including termination of employment.

Employee Signature

Date

Questions? Contact the Office of Human Resources Customer Service Center at service@hr.osu.edu or by phone at 614-292-1050 or 800-678-6010. Keep a copy of this form for your personal records.

Return completed form to: The Ohio State University, Office of Human Resources, Benefits Processing, 1590 N. High St., Suite 300, Columbus, OH 43201-2190; Fax: 614-292-7813