



HUMAN RESOURCES DEPARTMENT – BENEFITS SECTION

DOMESTIC PARTNER CERTIFICATION OF DEPENDENT STATUS AFFIDAVIT

Rev: 1 | Date: 10/27/2023 | Print Date: 10/27/2023

The Internal Revenue Code requires the actuarial or Fair Market Value (FMV) of health coverage for your domestic partner be treated as taxable income to you unless your domestic partner qualifies as a dependent under the Code. The same rule applies to the coverage for the dependent children of your domestic partner. If your domestic partner is a qualified dependent under the Internal Revenue Code, then the City may provide coverage to your domestic partner without tax consequences. This also applies to coverage of your domestic partner's children.

You are strongly encouraged to consult with a tax expert to confirm that your domestic partner and, if applicable, your domestic partner's children, qualify/ies as dependent(s) for tax purposes under the provisions of the Internal Revenue Code.

Certification

Employee Last Name	First Name	MI
Domestic Partner Last Name	First Name	MI
Domestic Partner Child Last Name	First Name	MI
Domestic Partner Child Last Name	First Name	MI
Domestic Partner Child Last Name	First Name	MI

I hereby certify that the statements below are true and correct:

1. I confirm that the listed Domestic Partner and, if applicable, Domestic Partner Children satisfy all of the tests required by the Internal Revenue Code to be considered qualified tax dependent(s) . I understand that falsely certifying tax dependency status may result in disciplinary action up to and including termination of employment by the City of Fort Lauderdale.
2. I agree to notify the City in writing within 30 days of a change in the status of any person listed above as my tax dependent for health, dental and vision coverage purposes.
3. I understand that the City will rely solely on this Certification, and I agree to reimburse and indemnify the City via payroll deduction or as the City may otherwise direct for any and all taxes, penalties, fines, and other losses that the City may incur as a result of such reliance in the event this Certification is untrue or incorrect in any respect, or if I fail to provide the notice required by paragraph 2 above.

STATE OF FLORIDA
COUNTY OF _____

(Signature of Employee)

Sworn to and subscribed before me this _____ day of _____, 20____, by _____.

(Signature of Notary Public - State of Florida)

(Print, Type, or Stamp Commissioned Name of Notary Public)

Personally Known _____ OR Produced Identification _____

Type of Identification Produced _____

