



**UCC Medical and Dental Benefits Plan
Flexible Benefit Plan for UCC Ministries**

**Certification of Same-Gender Domestic
Partner as Dependent or Non-Dependent**

PERSONAL INFORMATION					
Social Security Number	First Name	Middle Initial	Last Name		
Address 1		City	State	Zip	Country
Address 2					
Address 3		E-mail Address			
Telephone Number ()					
Social Security Number	Domestic Partner's First Name	Middle Initial	Last Name		

You must affirmatively indicate below whether or not your same-gender domestic partner **is a dependent** for benefit plan purposes. A same-gender domestic partnership may be established by (1) the process specified by the Pension Boards that shows financial interdependence, (2) through the establishment of a Civil Union in those states that permit Civil Unions, or (3) by a lawful same-sex marriage in those states that permit same-sex marriage. You should consult your tax advisor if you are unsure whether your same-gender domestic partner is a dependent for benefit plan purposes as defined by the Internal Revenue Code of 1986, as amended. In general, your same-gender domestic partner is a dependent for benefit plan purposes if ***all*** of the following apply:

- (1) Your same-gender domestic partner is an individual who, for your taxable year, has the same principal place of abode as you,***
- (2) Your same-gender domestic partner is an individual who, for your taxable year, is a member of your household, and***
- (3) Over one-half of your same-gender domestic partner's support is provided by you for your tax year.***

Please be advised that if your same-gender domestic partner is not a dependent for benefit plan purposes as defined by the Internal Revenue Code of 1986, as amended, you will be taxed on imputed income from the domestic partner premium, if any, paid by your employer; you will not be eligible to have your same-gender domestic partner's medical premiums deducted from your pay on a pre-tax basis; and you cannot receive reimbursement on a tax-free basis from a Flexible Spending Account for your same-gender domestic partner's medical expenses.

Complete One of the Following:

- I hereby certify that my same-gender domestic partner named above *is my dependent* for benefit plan purposes as defined in the Internal Revenue Code of 1986, as amended.
- I hereby certify that my same-gender domestic partner named above *is not my dependent* for benefit plan purposes as defined by the Internal Revenue Code of 1986, as amended.

Member Signature	Date / /
Employer Signature	Date / /