

University of Alaska

Statement of Financial Interdependence

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

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