

Declaration of Tax Status

You must complete and submit this form with your enrollment form when enrolling an individual on your Public Employees Benefits Board (PEBB) insurance coverage who does not qualify as your dependent for federal tax purposes (for example, a state-registered domestic partner or their eligible children). A state-registered domestic partner, as defined in RCW 26.60.020(1), includes all substantially equivalent legal unions from other jurisdictions as defined in RCW 26.60.090. Consult a tax advisor if you have questions about whether to declare other dependents.

Under federal law, employer contributions for employee or retiree health insurance are not required to be reported as gross income for federal income tax. However, if an enrolled PEBB dependent does not qualify as your tax dependent for health coverage purposes under Internal Revenue Code (IRC) Section 152, as modified by IRC Section 105(b), your employer must report the fair market value of the dependent's health insurance as gross income. **This does not affect a dependent's eligibility for PEBB insurance coverage, but it can affect your taxable income.** (The monthly value of your dependent's health insurance is provided on the back of this page for state agency and higher-education employees, and for retirees enrolled in Medicare Part A and Part B.)

Does this mean I will be taxed on health benefits for my state-registered domestic partner and/or their eligible children?

First determine if your state-registered domestic partner and/or their eligible children are your tax dependents for health coverage purposes under IRC Section 152, as modified by IRC Section 105(b). If they are, then premiums paid by your employer for health coverage will **not** be included in determining your taxable income, federal withholding, or employment taxes. If the tax status of your state-registered domestic partner and/or their eligible children changes, you must promptly notify your personnel, payroll, or benefits officer (if an employee), or the PEBB Program (if a retiree). If you don't, it may affect your tax liability.

How do I determine if my PEBB dependents qualify for pretax benefits?

The Internal Revenue Service (IRS) provides information to help determine a dependent's tax status at www.irs.gov. You can use the *Worksheet for Determining Support* in IRS Publication 501 (Exemptions, Standard Deduction, and Filing Information) to assess whether you provide more than half of a dependent's support. Other resources include IRS Publication 555 (Community Property), and *Answers to Frequently Asked Questions for Registered Domestic Partners and Individuals in Civil Unions*. You could also consult your personal tax advisor.

Section 1: Dependent tax status information

List below all dependents you are enrolling on your PEBB insurance coverage. Use additional forms for more dependents.

- ☐ **Yes**, this person qualifies as my tax dependent for health coverage purposes under IRC Section 152, as modified by IRC Section 105(b).
☐ **No**, this person **does not** qualify as my tax dependent for health coverage purposes. I should be taxed on the cost of their PEBB insurance coverage.

Dependent's last name First name Relationship to subscriber

- ☐ **Yes**, this person qualifies as my tax dependent for health coverage purposes under IRC Section 152, as modified by IRC Section 105(b).
☐ **No**, this person **does not** qualify as my tax dependent for health coverage purposes. I should be taxed on the cost of their PEBB insurance coverage.

Dependent's last name First name Relationship to subscriber

- ☐ **Yes**, this person qualifies as my tax dependent for health coverage purposes under IRC Section 152, as modified by IRC Section 105(b).
☐ **No**, this person **does not** qualify as my tax dependent for health coverage purposes. I should be taxed on the cost of their PEBB insurance coverage.

Dependent's last name First name Relationship to subscriber

- ☐ **Yes**, this person qualifies as my tax dependent for health coverage purposes under IRC Section 152, as modified by IRC Section 105(b).
☐ **No**, this person **does not** qualify as my tax dependent for health coverage purposes. I should be taxed on the cost of their PEBB insurance coverage.

Dependent's last name First name Relationship to subscriber

State agency and higher-education employees: The table below shows the monthly amount that will be added to your total gross income and calculated into your withholding tax. This will be reflected on your payroll statement and on your W-2.

2019 state contribution for medical and dental coverage for:			
Medical plan	State-registered domestic partner	State-registered domestic partner's child(ren)	State-registered domestic partner and child(ren)
All medical plans	\$598	\$468	\$1,066
2019 state contribution for dental coverage (without medical coverage) for:			
Dental plan	State-registered domestic partner	State-registered domestic partner's child(ren)	State-registered domestic partner and child(ren)
All dental plans	\$46	\$46	\$92

Employees of K-12 school districts, educational service districts (ESDs), charter schools, and local government employer groups: Contact your payroll office for employer contribution amounts.

Retirees enrolled in Medicare Part A and Part B: The table below shows the state's monthly contribution toward a state-registered domestic partner's medical coverage, which will be reflected in the IRS Form 1099 you receive from the Health Care Authority.

Medical plan	2019 state contribution for medical coverage for state-registered domestic partner
Kaiser Permanente NW Senior Advantage	\$164
Kaiser Permanente WA Medicare Plan	\$162
Premiera Blue Cross Medicare Supplement Plan F (Disabled)	\$168
Premiera Blue Cross Medicare Supplement Plan F (Retired)	\$106
Uniform Medical Plan Classic	\$168

All monthly amounts shown above are rounded to the nearest dollar, consistent with IRS tax reporting.

Section 2: Signature

By signing this form, I declare that the information I have provided is true, complete, and correct. If it isn't, or if I do not update this information within the timelines in the PEBB Program rules, to the extent permitted by federal and state law, I must repay any claims paid by my health plan(s) or premiums paid on my behalf. My PEBB dependent(s) may also lose PEBB benefits as of the last day of the month of eligibility. To the extent permitted by law, the PEBB Program may retroactively terminate coverage for my dependent(s) if I intentionally misrepresent eligibility, or do not pay premiums and applicable premium surcharges when due. In addition, I understand that knowingly providing false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company is a crime, and can result in imprisonment, fines, denial of PEBB benefits, and loss of my job.

I understand that:

- This declaration of responsibility may have legal implications under federal and state laws.
- A civil action may be brought against me for any losses, including reasonable attorney's fees, if I have made a false statement in this declaration.
- I must notify my personnel, payroll, or benefits office (if I am an employee) or the PEBB Program (if I am a retiree) if there is a change in my domestic partnership or dependent's tax status promptly after the change. **Any change in my dependent status may also directly impact the calculation of my taxable income.**

HCA's Privacy Notice: We will keep your information private as allowed by law. To see our Privacy Notice, go to notice of privacy practices at www.hca.wa.gov.

Subscriber's printed name _____ Subscriber's signature _____

Subscriber's Social Security number _____ Date _____

Employees: Return this completed form to your personnel, payroll, or benefits office.

Retirees: Return this completed form to:

Washington State Health Care Authority, PEBB Program, PO Box 42684, Olympia, WA 98504-2684