



LOYOLA UNIVERSITY CHICAGO

Preparing people to lead extraordinary lives

For Office Use Only:

LEGALLY DOMICILED ADULT (LDA) Certification Form

To enroll a legally domiciled adult (LDA) in a Health, Dental and/or Vision Plan please complete all five sections of this form. Once the form is completed, please make a copy for your records and submit the original as soon as possible to:

Michelle Kovacs
Human Resources
Loyola University Chicago
820 N. Michigan Ave Suite 820
Chicago, IL 60611

Section I : Employee Information

Name (Last, First, Middle Initial):

Social Security #:

Last 4 Digits

XXX-XX-

Employee ID Number:

Work Phone:

Home Address:

Status (circle one):

Full-time

Part-time

Section II : LDA Information

Name (Last, First, Middle Initial):

Date of Birth:

Social Security #:

Last 4 Digits

XXX-XX

Relationship to Employee: _____

Section III : Legal Domiciled Adult Categories

By electing legally domiciled adult health care, dental and/or vision coverage, I certify that all the following eligibility criteria have been met.

Please Complete Questions Listed under either Section A or B:

A: The individual for whom I am applying for coverage satisfies the following requirements:

Please Check

Is 18 or older and will be Medicare eligible; Yes____ No____

Has lived with the employee for at least six months and intend to remain a member of the household during the period of coverage;
Yes ____ No____

Has a close personal relationship with the employee;
Yes____ No____

Shares basic living expenses and be financially interdependent with the employee;
Yes____ No____

Is not related to the employee by blood in any way that would prohibit legal marriage;
Yes____ No____

Is not legally married to anyone else; Yes____ No____

Is not receiving benefits from any employer nor be eligible for any group Coverage
Yes____ No____

OR

B: The individual for whom I am applying for coverage is a Qualified Tax Dependent that satisfies the following requirements:

Please Check

Is 18 or older and will be Medicare eligible; Yes____ No____

Is a blood relative of the employee Yes____ No____

Meets the definition of dependent under Internal Revenue Code Section 152 during the period of coverage
Yes____ No____

Has lived with the employee for at least six months and intend to remain a member of his/her household during the period of coverage
Yes____ No____

Is neither receiving benefits from an employer nor be eligible for any group coverage.
Yes____ No____

Section IV : Certification of Tax Dependent Status

I, _____ certify the following: (*Employee must check one*)
Employee Name

_____ I hereby certify that the named legally domiciled adult (LDA) whom I am enrolling for medical, dental and/or vision coverage **does not** qualify as my legal tax dependent under Section 152 of the Internal Revenue Code. I understand that the value of the coverage received by my Legally Domiciled Adult (LDA) less any contributions paid by me for such coverage **will** be treated as taxable income to me and that my contributions toward this coverage must also be paid on an after-tax basis.

_____ I hereby certify that the named legally domiciled adult (LDA) whom I am enrolling for medical, dental and/or vision coverage **does** qualify as my legal tax dependent under Section 152 of the Internal Revenue Code. I understand the value of the coverage received by my legally domiciled adult (LDA) **will not** be treated as taxable income to me and that my contributions toward this coverage will be paid on a pre-tax basis.

Section V : Employee and Legally Domiciled Adult (LDA) Signatures

- I have read terms and conditions for enrolling a Legally Domiciled Adult Health, Dental and/or Vision Benefits.
- I certify that the information provided in all parts of this form is true, accurate and complete.
- I understand that if any of the information is not true and correct, Loyola University Chicago reserves the right to take disciplinary action, up to and including termination.
- I agree to notify Loyola University Chicago if LDA eligibility ends.
- I have been advised that I should consult a tax professional for advice about the potential tax implications of electing LDA coverage.
- I understand that if I elect coverage for a legally domiciled adult who is not my federal tax dependent, the Internal Revenue Code requires: 1) Loyola University Chicago to treat the full fair market value of the benefits for a LDA as taxable income and 2) prohibits reimbursement of the LDA's expenses through a Health Care Reimbursement Account.
- I understand that Loyola University Chicago has the right to discontinue coverage at any time, and will extend COBRA coverage to an LDA.

Employee Signature

Date

Legally Domiciled Adult (LDA) Signature

Date