



Certification for Spousal Equivalency

Declaration

We, _____ and _____
(Employee Name) (Employee SSN) (Spousal Equivalent Name) (Spousal Equivalent SSN)
certify that we meet the following eligibility requirements:

- We are each other’s sole partners, have been members of this partnership for at least six (6) months and intend to remain in this partnership indefinitely.
- Neither of us is married, legally separated or has another spousal equivalent.
- We are both age 18 or older and not related to a degree of closeness that would prohibit marriage in the state in which we legally reside.
- We have been financially interdependent for at least six (6) months and intend to be so indefinitely.
- We are jointly responsible for each other’s welfare as represented by joint bank accounts, a joint mortgage or lease, naming each other as retirement plan/insurance beneficiaries, reciprocal Power of Attorney documents, or the spousal equivalent is a legal tax dependent under IRS Sec.152. ***A copy of two of these document types must accompany this certification form as proof of eligibility, and must have been effective at least six months prior to completion of this form. For retirement plan/beneficiary and/or Power of Attorney documents, one for each person must be provided, as these are reciprocal, and counts as one document type.***

Certification

Our signatures below are our acknowledgement that we understand that any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person(s) to criminal and civil penalties.

I hereby certify that the above named person and I meet the eligibility requirements for Bucknell University’s spousal equivalency benefits. I understand that I am responsible to inform Human Resources within 30 days if this relationship is terminated. I further understand that there is a 12-month waiting period from the end of a spousal equivalency to certification of a new spousal equivalent. I also understand that unless my partner is a tax-qualified dependent, the University’s cost in providing health insurance and tuition remission is considered taxable income to me.

Signature of employee: _____ Date: _____

I hereby certify that I am the spousal equivalent of the above named Bucknell University employee according to the certification criteria listed above. I understand that if this relationship terminates, I am no longer eligible for any spousal equivalency benefits.

Signature of spousal equivalent: _____ Date: _____

Tax-Qualified Dependent Certification (if applicable)

After certification with a tax advisor, I certify that the above-named person, _____, is my legal tax dependent under IRS Sec. 152. I understand that falsely certifying dependency status could result in charges of tax fraud. I agree to notify Human Resources within 30 days if there is a change to this tax status

Signature of employee: _____ Date: _____