



Legally Domiciled Adult (LDA) Affidavit

To enroll a legally domiciled adult (LDA) in a Loyola University Maryland medical, dental, or vision plan, all applicable parts of this form must be completed in ink by the employee and the legally domiciled adult. Once the form is completed please make a copy for your records. Please submit the original form with original signatures before the designated enrollment deadline to the benefits unit of the human resources office by interoffice mail at mail stop # 5000YK, or by U.S. Mail addressed to: Loyola University Maryland; Human Resources Office, Benefits Unit; 4501 N. Charles Street; Baltimore, Maryland 21210-2699. Fax and email copies are not acceptable. **Please print legibly in ink.**

Part I. Employee Information

Lastname, First, MI _____ Employee ID # _____

Street Address, City, State, Zip _____

Work Telephone _____ Home Telephone _____

Part II. LDA Candidate Information

Lastname, First, MI _____ Date of Birth (MM/DD/YY) ____/____/____

Street Address, City, State, Zip _____

Work Telephone _____ Home Telephone _____

Part III. Eligibility Criteria (Choose and complete only one category)

Category A: Domestic Partner

LDA candidate is 18 years or older. Yes ____ No ____

LDA candidate has lived with the employee for at least six months and intends to remain a member of the household indefinitely. Yes ____ No ____

LDA candidate shares basic living expenses and is financially interdependent with the employee. Yes ____ No ____

LDA candidate is not related to the employee by blood in any way that would prohibit legal marriage. Yes ____ No ____

LDA candidate is not married, in a civil union, a domestic partner, or LDA with anyone else. Yes ____ No ____

LDA candidate is not eligible for Medicare. Yes ____ No ____

Category B: Dependent Relative

LDA candidate is 18 years or older. Yes ____ No ____

LDA candidate has lived with the employee for at least six months and intends to remain a member of the household indefinitely. Yes ____ No ____

LDA candidate meets the definition of dependent under the Internal Revenue Code Section 152 during the coverage period. Yes ____ No ____

LDA candidate is not eligible for Medicare. Yes ____ No ____

Please note: If you have checked "No" for any criteria listed above, then you are not eligible for that category of legally domiciled adult coverage.

Part IV. LDA Category Election (Please check only one box.)

- ☐ Category A: Domestic Partner – We certify that all of the eligibility criteria check marked under Category A in Section III have been met.
- ☐ Category B: Dependent Relative – We certify that all of the eligibility criteria check marked under Category B in Section III have been met.

Part V. Tax Status

This part of the form only determines tax treatment, not LDA eligibility.

If you checked **Category A** above, please advise if your LDA candidate also meets the definition of your dependent under Section 152 of the Internal Revenue Code? Yes ____ No ____ *If you checked Yes, please attach a recent federal tax return to verify Section 152 eligibility.*

All **Category B** LDA's must be dependents under Section 152 of the Internal Revenue Code. Section VI does not need to be completed for Category B LDAs. However, a federal tax return is required to verify Section 152 eligibility. *Please attach a recent federal tax return to verify Section 152 eligibility*

Part VI. LDA Affidavit Signatures

- We have received and read Loyola University Maryland's policy for Legally Domiciled Adult benefits coverage.
- We understand that if any of the information is not true and correct, Loyola University Maryland reserves the right to take disciplinary action and civil action, up to and including termination and recovery of benefits paid, legal fees, and taxes.
- We agree to immediately notify Loyola University Maryland if and when the LDA relationship ends.
- We have been advised that we should consult an attorney for advice about the potential tax and other legal implication of electing LDA coverage.
- We understand that if the employee elects coverage for a legally domiciled adult who is not a federal tax dependent, the Internal Revenue Code 1) requires Loyola University Maryland to treat the full fair market value of the health care coverage for the LDA as taxable income, and 2) prohibits reimbursement of the LDA's medical expenses through the employee's medical flexible spending account.
- We understand that Loyola University Maryland has the right to discontinue coverage at any time, and that extending COBRA-like coverage to LDA's is not legally required, and may not be available under certain conditions and may be discontinued at any time.
- We certify under penalty of perjury under applicable state laws, that the foregoing is true, complete, and accurate to the best of our knowledge.

Print Employee Name

Employee Signature

Date

Print LDAs Name

Legally Domiciled Adult Signature

Date