



2020 Declaration of Tax Status



You must complete and submit this *Declaration of Tax Status* form with your enrollment form when enrolling an individual on your School Employees Benefits Board (SEBB) insurance coverage who: is your state-registered domestic partner, is the child of your state-registered domestic partner, is your extended dependent, or does not qualify as your dependent for federal tax purposes.

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 health insurance are not required to be reported as gross income for federal income tax. However, if an enrolled SEBB 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 SEBB insurance coverage, but it can affect your taxable income. (The monthly value of your dependent’s health insurance is provided in section 2 of this form.)

1 Q&A

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 payroll or benefits office. If you don’t, it may affect your tax liability.

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

The Internal Revenue Service (IRS) provides information to help determine a dependent’s tax status at 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.

2 Dependent tax status

List below all dependents you are enrolling on your SEBB insurance coverage. Use additional forms for more dependents. Type or print clearly in black ink. Example: **J O H N**

A. Dependent 1: Last name

First name

Relationship to subscriber

- This person qualifies as my tax dependent for health coverage purposes under IRC Section 152, as modified by IRC Section 105(b).
- This person does not qualify as my tax dependent for health coverage purposes. I should be taxed on the cost of their SEBB insurance coverage.

B. Dependent 2: Last name

[Redacted last name field]

First name

[Redacted first name field]

Relationship to subscriber

[Redacted relationship field]

- This person qualifies as my tax dependent for health coverage purposes under IRC Section 152, as modified by IRC Section 105(b).
- This person does not qualify as my tax dependent for health coverage purposes. I should be taxed on the cost of their SEBB insurance coverage.

C. Dependent 3: Last name

[Redacted last name field]

First name

[Redacted first name field]

Relationship to subscriber

[Redacted relationship field]

- This person qualifies as my tax dependent for health coverage purposes under IRC Section 152, as modified by IRC Section 105(b).
- This person does not qualify as my tax dependent for health coverage purposes. I should be taxed on the cost of their SEBB insurance coverage.

3 State benefit contributions

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.

2020 state contribution for medical, dental and vision 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	\$611	\$470	\$1,222

2020 state contribution for dental and vision coverage (without medical coverage) for:

Dental/vision plans	State-registered domestic partner	State-registered domestic partner's child(ren)	State-registered domestic partner and child(ren)
All dental/vision plans	\$56	\$54	\$112

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Signature

By submitting 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 SEBB 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 SEBB dependent(s) may also lose SEBB benefits as of the last day of the month of eligibility. To the extent permitted by law, the SEBB 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 SEBB 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 payroll or benefits office 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.

Sign, date, and return completed form and documentation to your payroll or benefits office.

Subscriber last name

[Redacted]

Subscriber first name

[Redacted]

Subscriber Social Security number

[Redacted]

Subscriber signature

[Redacted]

Date (mm/dd/yyyy)

[Redacted]

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