



Dependent Child Tax Affidavit for Domestic Partner's Dependents

Name of Employee/Retiree: _____
Last First M.I.

Employee/Retiree Social Security Number: _____ - _____ - _____

Name of Domestic Partner's Dependent Child: _____
Last First M.I.

Dependent's Date of Birth: ____ / ____ / ____

Dependent's Social Security Number _____ - _____ - _____

I, _____, hereby affirm that this
(Print full name of State of Maryland Employee/Retiree)
child, _____, is qualified for coverage under the State Employee and
(Print full name of domestic partner's dependent child)

Retiree Health and Welfare Benefits Program, because he/she is less than 26 years of age and meets at least one (1) of the following criteria **(Please check only one box)**:

- Dependent is the biological child OR adopted child OR a child placed with my domestic partner for adoption by my domestic partner.
- Dependent is the stepchild of my domestic partner.
- Dependent is the grandchild of my domestic partner, is unmarried and permanently resides with me.
- Dependent is the legal ward of my domestic partner, is his/her testamentary, or court appointed guardian (not temporary for less than 12 months) is unmarried and permanently resides with me.
- Dependent is the step-grandchild or other dependent child relative of my domestic partner, is unmarried and permanently resides with me. (* **Sole Support Affirmation** required— see box below.)
- Dependent is the over age 26 child of my domestic partner and is incapable of self-support due to a mental or physical incapacity that occurred prior to age 26.

I agree that if this dependent's status changes, I will notify my Agency Benefit Coordinator (Retirees, please notify the Employee Benefits Division) immediately to remove this dependent from my coverage. I certify that this information is true and correct and understand that providing false information on this form is illegal and those who provide false information may be prosecuted. I also agree to provide the required documentation as outlined on the **DOMESTIC PARTNER'S DEPENDENT CHILD DOCUMENTATION CHECKLIST** which will substantiate the information above, the Affidavit of Domestic Partnership and the Notarized statement to accompany the Affidavit.

Date: ____/____/____

Signature of State of Maryland Employee/Retiree

Sole Support Affirmation*

- I certify by my signature above that the dependent child listed on this form is supported solely by me.