Los Angeles
Fire & Police Pensions
TO SERVE THOSE WHO PROTECT

CERTIFICATION OF DEPENDENT STATUS FOR HEALTH COVERAGE

LAFPP needs to confirm whether my domestic partner and/or my domestic partner's child(ren) meet the definition of "dependent" for tax purposes in order to determine the taxability of my medical subsidy.

The following persons are Dependents under my medical plan. I certify that any individual for whom I have checked the box labeled "Yes" under Tax Dependent is either: 1) my spouse as defined in Internal Revenue Code Section 7703 or 2) my tax dependent as defined in Internal Revenue Code Section 152 (determined without regard to subsections (b)(1), (b)(2) and (d)(1)(B)).

Name of Dependent* (First Name, MI, Last Name)	**Social Security Number**	**Relationship (Choose One)** (1) Domestic Partner; OR (2) Child of Domestic Partner	**Tax Dependent** (Check One)
			☐ Yes ☐ No
			☐ Yes ☐ No
			☐ Yes ☐ No
			☐ Yes ☐ No
			☐ Yes ☐ No
			☐ Yes ☐ No

**The definition of a Dependent who is eligible to be included on your medical plan differs from the definition of a Tax Dependent.*

I certify that the information I have listed above is true. I understand that this information will be held confidential and will be subject to disclosure only upon my express written authorization or if otherwise required by law. I understand if any of the information I have provided is false or misleading, it could result in consequences, up to or including disenrollment from the program(s). I agree to notify LAFPP at 1-844-885-2377 EXT. 93115 if there is any change in these circumstances within thirty (30) days of the change. I understand and agree that it is my responsibility to notify LAFPP of changes in the tax status of any of my dependents.

Printed Member Name _____ **Social Security Number** _____

Member Signature _____ **Date** _____

Los Angeles Fire and Police Pensions (LAFPP) provides subsidies for health plans for retired employees, spouses (including same-sex spouses), domestic partners, children, and qualified surviving spouses/domestic partners. In order to ensure that LAFPP is providing proper tax treatment of the medical subsidy, we must confirm whether your same-sex spouse, domestic partner and/or their children, who you carry as Dependents on your medical plan, meet the definition of "dependent" under federal tax law (Tax Dependent).

If you have any questions, please consult your tax advisor.

Please return the completed form to the Medical and Dental Benefits Section at:

Los Angeles Fire and Police Pensions
Attn: Medical and Dental Benefits Section
701 East Third Street, 2nd Floor
Los Angeles, CA 90013

Telephone: (844) 885-2377 Ext. 93115
Fax: (213) 628-7782

FOR LOS ANGELES FIRE & POLICE PENSIONS USE ONLY

Received On _____ By _____ Signature _____