

SECTION ONE: AFFIRMATION OF ADULT DESIGNEE AND EMPLOYEE

I, the undersigned employee, declare that I am unmarried and do not have a current adult designee enrolled in Salt Lake County's group insurance plan.

We, the undersigned, declare that we:

1. Are both at least eighteen (18) years of age.
2. Share a close personal relationship and are responsible for each other's common welfare.
3. Have jointly shared the same regular and permanent residence for at least the **twelve (12) months** immediately preceding the date of this Affidavit with the intent to continue doing so indefinitely.
4. Are directly dependent upon or interdependent with the employee, sharing common financial obligations.

Acceptable documentation establishing a common financial obligation is:

1. *IRS form designating Adult Designee as a dependent with proof of acceptance of such form by the IRS;*

OR

2. **THREE** of the following (with supporting documentation):
 - a) *Joint loan obligation, mortgage, lease, or joint ownership of a vehicle.*
 - b) *Designated as beneficiary under the employee's life insurance policy, retirement benefits, accounts, or will or executor of each other's will.*
 - c) *Mutually granted power of attorney--health care or financial management.*
 - d) *Status as authorized signatory on bank or credit accounts.*
 - e) *Joint bank or credit accounts.*

SECTION TWO: AGREEMENT OF EMPLOYEE AND ADULT DESIGNEE TO THE TERMS APPLICABLE TO THE ADULT DESIGNEE CLASSIFICATION

We acknowledge, understand, and agree:

1. An adult designee is eligible for enrollment in Salt Lake County insurance benefits at such times and under such conditions as are provided in the Salt Lake Human Resources Policies and Procedures. Currently, those policies provide for enrollment:
 - a. At the time of my hire (with proof of compliance with the criteria listed in Section One);
 - b. During an open enrollment period;
 - c. Within 30 days of meeting the criteria listed in Section One; OR
 - d. Within 30 days of losing other coverage.
2. We understand that children of an adult designee are eligible if they meet the minimum requirements for dependent children as defined by Salt Lake County.

3. Eligibility for COBRA continuation coverage in the event of a qualifying event shall be governed by federal law and county policy. Applications for COBRA continuation must be filed within sixty days of the qualifying event.
4. Entitlement to any insurance coverage acquired hereunder shall be terminated effective upon the death of my adult designee or by a change in circumstance attested to in this Affidavit to no longer satisfy the criteria set out in Section 1. Dependent children coverage will end when they no longer meet eligibility requirements or are adopted by a new parent.
5. The employee shall file a statement of termination with the HR Division – Benefits within 30 days of any change to circumstances attested to in this Affidavit.
6. After such termination, the employee may not file another Affidavit until the criteria set out in Section One of this document have been met.
7. We understand that the information contained in the Affidavit relates to eligibility for benefits under a group medical, dental, or life insurance plan and under other Salt Lake County benefit policies and procedures. Any other use of this information will be subject to disclosure only upon either our written authorization or as required by law.
8. We understand that a civil action may be brought against us for any losses, including reasonable attorney fees and court costs, because of willful falsification of information contained in this Affidavit.
9. We understand that, under applicable federal income tax law, payments for medical or dental coverage of an adult designee may not be eligible for pre-tax treatment. In addition, coverage of the adult designee may result in additional imputed taxable income to the covered employee and related withholding for payroll taxes (including income and social security taxes) by Salt Lake County.
10. We understand that, in addition to the eligibility requirements, there are terms and conditions of coverage set forth in the Service Agreement of each medical, dental, and life insurance plan offered through Salt Lake County to which we agree to be bound.
11. We understand that willful falsification of information contained in this Affidavit will result in termination of Enrollment.

We certify under penalty of perjury under the laws of the State of Utah, that the Affirmations in Section 1 are true and accurate to the best of our knowledge.

We further agree to the terms and conditions set out in Section 2.

Signature of Covered Employee

Signature of Adult Designee

Print Name of Employee

Print Name of Adult Designee

Employee SSN and ID (EIN)

Date

NOTARY BELOW

Subscribed and sworn before me on this _____ day of month _____, year _____
Commission Expires, Signature (stamp) below: