

Legally Domiciled Adult Tax Treatment Certification Form

PLEASE NOTE: This form is provided by Michigan Catholic Conference (MCC) for employers' internal use in administering benefits in accordance with MCC benefit plan rules. Please retain completed forms for your records. **Do not submit to MCC.**

Employer Information <i>All sections to be completed in full.</i>	
Unit name	
Employee Signature <i>You must sign, date, and submit this form to your employer for it to be valid. For 'Full name,' please print.</i>	
Please choose one of the following options: <input type="checkbox"/> I hereby certify that the Legally Domiciled Adult (LDA) whom I am enrolling for benefits cannot receive benefits on a pre-tax basis and I understand that my contributions toward this coverage will be paid on an after-tax basis . <input type="checkbox"/> I hereby certify that the LDA whom I am enrolling for benefits can receive benefits on a pre-tax basis and I understand that my contributions toward this coverage will be paid on a pre-tax basis .	
I understand that: <ul style="list-style-type: none">• My employer does not give tax, accounting or legal advice. Please direct questions to your personal tax, accounting or legal advisor.• I affirm, under penalty of perjury, that the statements in this form are true and correct.• I have provided documentation to Michigan Catholic Conference on the LDA I have enrolled for benefits that satisfies the definition of an LDA.• I understand that I am not obligated to provide documentation to my employer to support my election.	
Full name <i>First, middle, and last</i>	
Signature	Date <i>MM/DD/YYYY</i>

For Employer Use Only	
Received by	Date <i>MM/DD/YYYY</i>