



**HARRISON TRUST**  
A FAMILY HEALTH PLAN  
[WWW.HARRISONBENEFITS.ORG](http://WWW.HARRISONBENEFITS.ORG)

**Certificate of Dependent Status**

State of \_\_\_\_\_

County of \_\_\_\_\_

I, \_\_\_\_\_ (Employee name), being first duly sworn, do hereby depose and say as follows:

1. I am providing this Certificate of Dependent Status to the Harrison Electrical Workers Trust Fund in conjunction with the Harrison Electrical Workers Trust Fund's extension of health and welfare coverage to my domestic partner and, if applicable, my domestic partner's domestic children. I understand that the value of employer paid health and welfare coverage to my domestic partner and, if applicable, my domestic partner's children is included in my gross income. I also understand that, if I claim my domestic partner and, if applicable, my domestic partner's children as my "dependents," as that term is defined at § 152 of the Internal Revenue Code of 1986 as amended (the "Code"), I may be able to exclude the value of employer paid health and welfare coverage to my domestic partner and, if applicable, my domestic partner's children from my gross income.
2. I represent that \_\_\_\_\_ (Domestic Partner's name) is my domestic partner.
3. I represent to the Harrison Electrical Workers Trust Fund that \_\_\_\_\_ (Domestic Partner's name) qualifies as my dependent under § 152 of the Internal Revenue Code and I represent to the Harrison Electrical Workers Trust Fund as follows:
  - over half the support of \_\_\_\_\_ (Domestic Partner's name) for the calendar year was provided by me;
  - for the calendar year, \_\_\_\_\_ (Domestic Partner's name) had his/her principal place of abode in my home;
  - \_\_\_\_\_ (Domestic Partner's name) is a member of my household; and
  - the relationship between \_\_\_\_\_ (Domestic Partner's name) and me is not in violation of any local law.

4. In the event relationship between \_\_\_\_\_ (Domestic Partner's name) and me changes and I can no longer claim \_\_\_\_\_ (Domestic Partner's name) as my dependent under § 152 of the Internal Revenue Code, I will immediately notify the Harrison Electrical Workers Trust Fund of this fact in writing.
5. Attached is the first page of my federal income tax return for the year 20\_\_\_\_\_. I \_\_\_\_\_ claimed \_\_\_\_\_ did not claim (check appropriate space) my domestic partner as a dependent on my most recent federal income tax return.
6. The aforementioned statements are true and correct to the best of my knowledge and belief.

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

---

\_\_\_\_\_  
Notary Public

State of \_\_\_\_\_

My commission expires: \_\_\_\_\_