Western Kentucky University – Confidential

Affidavit of Other Qualified Dependent for Benefit Coverage

Employee Information

Employee Name (Last, First, Middle):				
Date of Birth:	Phone:	WKU ID:		
Address:	City:	State:	Zip Code:	

Other Qualified Dependent Information

Other Qualified Dependent Name (Last, First, Middle):		
Date of Birth:	Gender (Circle One): M F	Relationship to Employee:
The portion of premium associated with the OQDependent's benefit coverage is withheld on an after-tax basis from the WKU employee named above and imputed income is reported for taxation on the value of said premium.		**Note: An employee may cover his/her legal spouse or one other qualified dependent adult on his/her WKU medical plan, but not both.**

Declaration

We, the undersigned, certify that the Other Qualified Dependent named above:

- Is age 18 or older and mentally competent to consent, and
- Is either not related by blood to the employee, or if a blood relative (or relative by adoption or marriage) is the same or younger generation of the employee (as used in KRS 391.010), and
- Is not legally married to anyone, and
- Is not currently eligible for any part of Medicare, and that
- We share a residence and have done so for at least twelve consecutive months prior to this declaration, and that
- We are jointly responsible for each other's financial obligations which could be demonstrated upon request by providing proof of existence of at least one of the following (please check):
  - ☐ A joint mortgage or lease or other evidence of common residence such as joint utility bills
  - ☐ Durable property or health care power of attorney
  - ☐ Joint ownership of a motor vehicle
  - ☐ Joint checking account/credit account
  - ☐ Designation of each other as the primary beneficiary in a will, life insurance policy, or retirement plan

I agree to notify the university within 30 days if any eligibility requirements listed above are no longer satisfied which would make the other qualified dependent no longer eligible for coverage.

We certify that the information included here is true and correct and understand that a false declaration of a other qualified dependent or failure to file a timely termination of notice with the university if this qualification ends may result in disciplinary action up to and including termination of employment at Western Kentucky University. We agree that in the event of a false declaration, or the failure to file a timely termination notice if this eligibility ends, the university may recover damages from either or both of us for all costs and expenses incurred by the university as a result of the false declaration, including, without being limited to attorneys' fees incurred by the university to recover such damages.

Employee Signature **Date**	**Other Qualifying Dependent** **Date**

Notarized by: _____ **Commission Expires On:** _____

Signature/Print Name & Jurisdiction