

## Legally Domiciled Adult Tax Treatment Certification Form

Employer Name: \_\_\_\_\_

Employee Name: \_\_\_\_\_

Please check one of the options below:

I hereby certify that the Legally Domiciled Adult 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**.

I hereby certify that the Legally Domiciled Adult 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**.

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 Legally Domiciled Adult I have enrolled for benefits that satisfies the definition of a legally Domiciled Adult.

I understand that I am not obligated to provide documentation to my employer to support my election.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

Certification received by: \_\_\_\_\_

\_\_\_\_\_  
Date

**FOR EMPLOYER USE ONLY: DO NOT SUBMIT THIS FORM TO MCC**