



To enroll a legally domiciled adult (LDA) in a Health, Dental, Vision Plan, utilize the Dependent Tuition Benefit or other benefit program please complete all six sections of this form. An employee may enroll one adult, either a spouse or one LDA in their benefits. LDA's must live with you in your principal residence for at least six months before enrollment and continue to live with you during the coverage period. **If your dependent is currently enrolled in any Medicare health plan they ARE NOT eligible for Health, Dental or Vision coverage. Adult children are not eligible to be covered as LDA's on our plans. Completion of the application does not guarantee approval or coverage.** This application is used for LDA Certification only. If you require dependent verification for Resident Life housing related matters please do not use this form and contact Res Life directly. Once the form is completed, please make a copy for your records and submit via fax or [Loyola Secure Transfer](#) as soon as possible to:

Human Resources Department
 ATTN: Benefits at benefits@luc.edu

1. EMPLOYEE INFORMATION PLEASE PRINT CLEARLY

Employee Last Name	First Name	M.I.	Social Security Number (last four digits)		
Home Street Address	Apt/Unit	City	State	Zip	
Home Phone	Work Extension	Work Email		Employee ID	

2. LDA INFORMATION *only complete the following section with the LDA information.* Also check the enroll box next to each benefit you wish your LDA to have

Full Legal Last Name	Full Legal First Name	MI	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth / /	Social Security Number/ITIN - -
Relationship to Employee:	Medical Coverage <input type="checkbox"/> Enroll <input type="checkbox"/> Waive	Dental Coverage <input type="checkbox"/> Enroll <input type="checkbox"/> Waive	Vision Coverage <input type="checkbox"/> Enroll <input type="checkbox"/> Waive	Tuition Benefit (undergrad only & Taxable) <input type="checkbox"/> Enroll <input type="checkbox"/> Waive	

Please note: Selecting benefit coverage levels does not guarantee coverage or approval of LDA Certification Application.

3. LEGAL DOMICILED ADULT ELIGIBILITY AFFIRMATION-PLEASE COMPLETE EITHER CATERGORY (A) or CATERGORY (B), not both.

By electing legally domiciled adult health care, dental, vision coverage and/or tuition benefit, I certify that all the following eligibility criteria have been met. Please complete the questions listed under Section A or Section B, not both. **If your LDA does not meet ALL of the criteria under category (A) OR category (B) they will NOT be eligible for Legally Domiciled Adult coverage.**

A: The individual for whom I am applying for coverage satisfies all of the following requirements:

- We are both 18 years of age.
- We have lived with each other continuously for at least six months, we will continue to live together throughout the entire benefit period of benefit coverage and can provide proof of residency.
- We have a serious, personal, and committed relationship. [Dependent children are not eligible for coverage](#)
- We share basic living expenses and are financially interdependent from each other.
- Is the individual a NON blood relative? Can't be related to each other in any way that would prevent legal marriage.
- Are you both unmarried? You cannot be legally married to anyone else.
- Is the individual currently UNINSURED? Can't be enrolled or eligible for any group or non-group coverage.
- Is the individual a US Citizen?
- I understand I will be taxed on the dependent portion of my insurance premium.

Please Check Yes OR No

<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Yes	<input type="checkbox"/> No

OR

B: The individual for whom I am applying for coverage is a Qualified Tax Dependent that satisfies all of the following requirements:

- Is the individual 18 or older?
- Meets the definition of dependent under Internal Revenue Code Section 152 during the period of coverage.
- Will be Medicare eligible once they reach 65; [Current Medicare enrollees are not eligible.](#)
- Has lived with the employee for at least six months, intend to remain a member of his/her household during the period of coverage and can provide proof of residency.
- Is the individual currently UNINSURED? Can't be enrolled or eligible for any group or non-group coverage.
- Is the individual US Citizen?
- Do you have your most current tax return where the individual is listed as a tax dependent?

Please Check Yes OR No

<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Yes	<input type="checkbox"/> No

4. Tobacco Use Health Insurance Premium Acknowledgement- **Only Complete this section if you are adding a Spouse/LDA to Medical Insurance**

If you are enrolling or are currently enrolled in any Loyola Medical Insurance plan indicate your tobacco use status below by selecting the appropriate answer. Please note: tobacco use applies to all types of tobacco products that are smoked (cigarettes, cigars, cigarillos, pipes, electronic cigarettes, vaping products or hookah), applied to the gums (chewing tobacco, dip, and loose tobacco) and/or inhaled (snuff). For more details, please see the benefit booklet.

- I have NOT used any form of tobacco in the last 3 months.
- I HAVE used tobacco in the last 3 months. A \$50.00 premium will be added to your health insurance premiums.

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Benefit Eligible Faculty and Staff Only

5. LEGAL DOMICILED ADULT ELECTION AND TAX TREATMENT

I, _____ certify the following: (Employee must check **one** of the options below)

Employee First and Last Name-Please Print Clearly

In category (A) I hereby certify that the named legally domiciled adult (LDA) whom I am enrolling for medical, dental and/or vision coverage **does not** qualify as my legal tax dependent under Section 152 of the Internal Revenue Code. I understand that the value of the coverage received by my Legally Domiciled Adult (LDA) less any contributions paid by me for such coverage **will** be treated as taxable income to me and that my contributions toward this coverage must also be paid on an after-tax basis.

OR

In category (B) I hereby certify that the named legally domiciled adult (LDA) whom I am enrolling for medical, dental and/or vision coverage **does** qualify as my legal tax dependent under Section 152 of the Internal Revenue Code. I understand the value of the coverage received by my legally domiciled adult (LDA) **will not** be treated as taxable income to me and that my contributions toward this coverage will be paid on a pre-tax basis.

6. SUPPORTING DOCUMENTATION NEEDED-Joint documents must be dated a minimum of 6 months prior to enrollment effective date. Please provide 2 of the documents listed below. Category (A) applicants, should provide one document each from list 1 and list 2. For category (B) applicants, please provide a document from list 2 and list 3. If you are unable to provide sufficient documentation your request may be denied.

List 1-Joint Responsibilities

Both applicant and dependent's name must appear on joint statements

- Proof of joint ownership of property (joint mortgage deed or apartment lease)
- Joint bank account or credit card statements
- Copies of Joint Utility Statements- Gas, Electricity, Water Bill, etc.
- Evidence of other joint financial responsibility

List 2-Proof of Residency and Cohabitation

Residence must match Faculty and Staff applicant. Issue date must be at least 6 months prior to application date.

- LDA's Current State Issued ID Card
- LDA's Current State Issued Driver's License
- Copies of most current LDA's paycheck stub

List 3-Proof that the LDA is an IRS Tax Dependent

- Copy of your current or prior year's federal tax return (form 1040) confirming the LDA is a qualified tax dependent as defined in Section 152 of Internal Revenue code. **-CATEGORY (B) ONLY. This is required for proof of tax dependency**

7. LDA Health Insurance Premium Acknowledgement- **Only Complete this section if you are adding a Spouse/LDA to Medical Insurance**

Faculty and staff who have a spouse or Legally Domiciled Adult (LDA) on a Loyola Medical Plan, **will automatically be assessed a \$100 monthly spousal/LDA Premium**. The premium will only apply if your spouse/LDA works full-time and is eligible for medical coverage through their own employer but chooses to enroll in the Loyola University Chicago medical plan. *For more details, please see the benefit booklet.*

- YES**, my spouse/LDA is eligible for another employer's medical plan.
- NO**, my spouse/LDA is not eligible for another employer's medical plan.

Select one reason below:

- My covered spouse / LDA is not employed My covered spouse / LDA is self-employed My covered spouse / LDA is employed at Loyola University Chicago
- My covered spouse / LDA is employed full-time but is not eligible for medical coverage through his / her employer
- My covered spouse / LDA works part-time (even if eligible for coverage)

8. LEGAL DOMICILED AFFIRMATION

- I understand that if I add a **NON** Tax Dependent that I will be taxed on the difference between single or single plus child coverage to employee plus LDA or LDA Family. The difference of this amount Loyola pays for single coverage vs LDA or LDA Family will be considered AFTER TAX imputed income and this amount will be added to your gross taxable income and affect your taxability.
- I have read terms and conditions for enrolling a Legally Domiciled Adult Health, Dental, Vision or Tuition Benefits.
- I certify that the information provided in all parts of this form and supporting documentation is true, accurate and complete. Loyola University Chicago reserves the right to take disciplinary action, up to and including termination.
- LDA's who become ineligible are not eligible for COBRA insurance.
- I should consult a tax professional for advice about the potential tax implications of electing LDA coverage.
- I understand that if I elect coverage for a legally domiciled adult who **is not** my federal tax dependent, the Internal Revenue Code requires: 1) Loyola University Chicago to treat the full fair market value of the benefits for a LDA as taxable income and 2) prohibits reimbursement of the LDA's expenses through a Health Care Reimbursement Account or Health Spending Account (HSA) or Flexible Spending Account (FSA).
- I understand that Loyola University Chicago has the right to discontinue coverage at any time.
- I must contact the Human Resources Benefits Department immediately should my LDA's eligibility status change. You have 31 days after your LDA lost of eligibility or marriage to notify HR.
- I cannot cover a Spouse and LDA at the same time. I can only have **One** LDA listed as a dependent.

Signature of Employee:	Date:
Signature of Legally Domiciled Adult (LDA):	Date:

Please fax completed forms to 312-915-7612 or scan send via [Loyola Secured](#). **Do not send forms via US Mail or Campus Mail.**

Revised 1.2023