ATTACHMENT C
MISSOURI STATE UNIVERSITY
SPONSORED DEPENDENT AFFIDAVIT

The following is the proposed representation of the employee covering the eligibility requirements under the proposed plan:

I, _____
Employee (print)

REPRESENTATIONS:

1. My sponsored dependent and I
   a. Are at least 18 years old and mentally competent to consent to this contract;
   b. Have shared the same principal residence and the common necessities of life for at least the previous twelve months;
   c. Are not legally married to anyone else in any state;
   d. Are not related by blood to a degree of closeness that would prohibit legal marriage in the State of Missouri or our state of residence; and
   e. Have had a single dedicated relationship with each other for at least 12 months.
2. My Sponsored Dependent is not a renter, boarder or tenant.
3. My Sponsored Dependent and I are each other's sole sponsored dependent. As such, we are jointly responsible for each other's common welfare and shared financial obligations and may be demonstrated by the existence of three of the following. We have circled below the types of documentation that we can provide if requested:
   a. Valid marriage certificate
   b. Sponsored Dependent Agreement
   c. Joint mortgage or lease
   d. Designation of Sponsored Dependent as beneficiary for life insurance, or of employee as beneficiary of Sponsored Dependent's life insurance
   e. Designation of Sponsored Dependent as beneficiary for retirement contract, or of employee as beneficiary for Sponsored Dependent's retirement contract
   f. Designation of Sponsored Dependent as primary beneficiary in employee's will, or of employee in Sponsored Dependent's will
   g. Durable property and health care powers of attorney on each other
   h. Joint ownership of motor vehicle
   i. Joint checking account
   j. Joint credit account.
4. I understand that both the university's and the employee's cost of providing Sponsored Dependent benefits is considered taxable income by the IRS and will accordingly be reflected in the employee's pay. These taxes can only be avoided if the employee is eligible to claim the Sponsored Dependent as a tax qualified dependent under IRS Section 152, or if the employee and the sponsored dependent are legally married under one of the 50 United States. This added "employer-provided benefit" is called imputed income and **is taxed as additional compensation.** All applicable taxes apply.
5. I agree to notify the Office of Human Resources if there is any change in our status as Sponsored Dependents as certified in this statement. I will notify Human

Resources within thirty (30) days of such change by filing a statement of Termination of Sponsored Dependent which will make the Sponsored Dependent no longer eligible for University sponsored benefits. The statement of Termination shall affirm that the Sponsored Dependent status is terminated as of its date of execution and that a copy of the statement of Termination has been provided to the other partner by the party authorizing such action.

6. I understand that any false or misleading statements made in order to receive benefits for which we do not qualify may subject the sponsored dependent employed by Missouri State University to disciplinary action.
7. I have provided the information in this statement for the sole purpose of determining our eligibility for Missouri State University Sponsored Dependent benefits. We understand that this information will be held confidential insofar as the law allows.
8. We acknowledge the University's advice that we consult with a legal and/or tax advisor before signing this document.

I affirm that we are financially responsible for the welfare of each other and hereby certify that the foregoing information is true and correct.

Employee Signature:_____ Date:_____
Employee M#: _____
Employing Department:_____

Employee's Home Address:
_____
_____
_____

STATE OF _____)
)ss
COUNTY OF _____)

Subscribed and sworn to before me this ___ day of _____, 20___.

_____
Notary Public

My Commission Expires:

_____ (SEAL)

Sponsored Dependent's statement:

I hereby confirm and affirm all of the forgoing statements made in the foregoing Sponsored Dependent Affidavit.

_____ Date:_____
Sponsored Dependent's signature

Sponsored Dependent's Name and Home Address:
_____
_____
_____

STATE OF _____)
)ss
COUNTY OF _____)

Subscribed and sworn to before me this ___ day of _____, 20___.

_____
Notary Public

My Commission Expires:

_____ (SEAL)

Approved for Missouri State University by:

Name:_____
Director of Human Resources or Designee
Date:_____