

Affidavit of Declaration of Financial Interdependence Dependent Eligibility Status City of Columbus

I, _____ after first being duly cautioned and sworn, state the following:
(print the employee name)

- Name of dependent: _____ (hereinafter referred to as "my dependent")
- My dependent's social security number is: _____.

In compliance with City Council Ordinance 1077-2010, my dependent (and children) is eligible for insurance coverage under the City of Columbus health plan and:

1. Is not currently married to or legally separated from another person either under statutory or common law; and
2. shares responsibility with the employee for each others' common welfare; and
3. is at least eighteen (18) years of age and mentally competent to consent to contract; and
4. has been in an exclusive relationship with the employee for at least 6 months with the intention of remaining in the relationship indefinitely; and
5. is financially interdependent with the employee, as demonstrated by a signed declaration of financial interdependence and at least four (4) of the following:
 - a. Joint ownership of real estate property or joint tenancy on a residential lease; or
 - b. Joint ownership of an automobile; or
 - c. Joint bank or credit account; or
 - d. Joint liabilities (e.g., credit cards or loans); or
 - e. A will designating the eligible dependent as primary beneficiary; or
 - f. A retirement plan or life insurance policy beneficiary designation form designating the eligible dependent as primary beneficiary; or
 - g. A durable power of attorney signed to the effect that the employee and eligible dependent have granted powers to one another.

If or when my dependent is no longer eligible for insurance coverage under the City of Columbus health plan, I will notify my city division human resources representative and submit a signed dependent insurance termination form within thirty (30) of the qualifying event.

I understand that knowingly providing false or misleading information in this Affidavit may result in any or all of the following actions by the City of Columbus: 1) loss of coverage; 2) disciplinary action, up to and including removal; 3) collection action to recoup payments of benefits and claims paid for individuals determined to be ineligible dependents; and/or 4) civil and/or criminal prosecution.

(Signature of Enrolled City of Columbus Employee)

Sworn to and subscribed in my presence this _____ day of _____, 20____.

(notary public)
commission expires _____, _____.

Recorded in _____ County