



Affidavit of Qualifying Adult for Benefit Coverage

Employee Information

Employee Name (Last, First, Middle)

Date of Birth

Phone

Employee ID #

Address:

City

State

Zip

Qualifying Adult Information

Qualifying Adult Name (Last, First, Middle)

Date of Birth

Gender

M

F

Relationship to Employee

Note: An employee may cover his/her legal spouse OR one qualifying adult on his/her U of L medical plan, but not both.

Declaration

We, the undersigned, certify that the Qualifying Adult 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 of the same or younger generation of the employee, 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 in writing within 30 days if any eligibility requirements listed above are no longer satisfied, which would make the qualifying adult no longer eligible for coverage.

We certify that the information included here is true and correct and understand that a false declaration of a qualifying adult or failure to file a timely termination notice with the university if this qualification ends may result in disciplinary action up to and including termination of employment at the University of Louisville. 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 that false declaration, including, without being limited to, attorneys' fees incurred by the university to recover such damages. See university policy PER 5.01.

Employee Signature and Date

Qualifying Adult Signature and Date