



INSTRUCTIONS FOR DOMESTIC PARTNER AFFIDAVIT FOR FSA CLAIMS

Please read these instructions before completing this request.

If you have a Flexible Spending Account (FSA) and you wish to file FSA claims for expenses incurred by your domestic partner, your domestic partner will need to qualify as your legal tax dependent, as defined by the guidelines below, and you will need to file this Affidavit (on the following sheet). This request will be effective for one plan year.

In order for your domestic partner to be eligible for reimbursement under your FSA, the Statement of Domestic Partnership form must be on file with NYU (available online at www.nyu.edu/hr/forms); **and** they must meet **all** of the following requirements as an unrelated dependent under Section 152:

- the individual resides in the same household as the employee and has the same place of abode for the entire calendar year,
- the employee provides more than half of such individual's support,
- the relationship does not violate local law,
- the individual is not your (or anyone else's) "qualifying child" under IRS Code Section 152(c) during the calendar year, and
- the individual is a U.S. citizen, a U.S. national, or a resident of the U.S., Canada or Mexico.

If Your FSA Claim is Denied

If your claim for FSA reimbursement is denied, you will receive an Explanation of Benefits (EOB) that includes:

- the reason(s) for the denial,
- a description of any details necessary to complete your claim, and
- an explanation as to why these further details are necessary.

If the EOB requests a *Domestic Partner Affidavit for FSA Claims*, you may complete this form and return it, along with a copy of the EOB and a letter requesting that your claim be reprocessed, to the NYU Benefits Office, 7 East 12th Street, 2nd Floor, New York, NY 10003-4475.

If you believe you are being denied any rights or benefits under the plan, you may file a claim in writing with the Plan Administrator. If any such claim is wholly or partially denied, the Plan administrator will notify you of its decision in writing within 90 days of the date you filed your claim.

Should you have any questions, contact an NYU Benefits Specialist via email at benefits@nyu.edu or call (212) 998-1270.



United HealthCare
FSA Claims Office
P.O. Box 981178
El Paso, TX 79998-1178

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I, _____, confirm the following to show that, _____, is my
(Participant's Name) (Dependent's Name)
dependent according to IRS Code Section 152 and qualifies for reimbursement through my health
care Flexible Spending Account.

- I, _____, provide over 50% of _____ financial support.
(Participant's Name) (Dependent's Name)
- _____, will live in the same home, at the same address that you have on file:
(Dependent's Name)

(Address)

and will be a member of my household, for the entire calendar year.

- In our domestic partnership, we are not in violation of _____ State Law.
(State)
- _____ is not my (or anyone else's) "qualifying child" - under IRS Code Section
(Dependent's Name)
152(c) - during the calendar year.
- _____ is a U.S. citizen, a U.S. national, or a resident of the U.S., Canada or
(Dependent's Name)
Mexico.

(Participant's Signature)

Date: _____

(Participant's name printed)

Member ID # _____

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, FRAUD, OR DECEIVE ANY INSURANCE COMPANY,
FILES A STATEMENT OF CLAIM CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION MAY BE GUILTY
OF A CRIMINAL ACT PUNISHABLE UNDER LAW.