



Domestic Partner Certification Form

- Confidential -

Associate Name:	Employee ID No.:	SSN:
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Domestic Partner Name and SSN:

Domestic Partner Dependent Child Name and SSN:

Domestic Partner Dependent Child Name and SSN:

To establish eligibility for domestic partner health benefits, the associate and his/her domestic partner hereby certify that the following eligibility requirements have been met. If "No" is checked for any of the criteria below, neither the domestic partner nor his/her dependent child is eligible for coverage.

It is a true statement that:

- | | Yes | No |
|---|--------------------------|--------------------------|
| 1. The associate and domestic partner have shared a continuous committed relationship and intend to do so indefinitely and have no such relationship with any other person. | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. The associate and domestic partner are jointly responsible for each other's welfare and financial obligations. | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. The associate and domestic partner reside in the same household. | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. The associate and domestic partner are not related by blood to a degree of kinship that would prevent marriage from being recognized under the laws of their state of residence. | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Both the associate and domestic partner are over age 18, or legal age, and are mentally and legally competent to enter into a contract. | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Neither the associate nor domestic partner is married to a third party. | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. The associate and domestic partner have not entered into their relationship solely for the purpose of obtaining benefits. | <input type="checkbox"/> | <input type="checkbox"/> |

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- I have read the above terms and conditions and certify that the information provided on this form is true and accurate.
 - I understand that if my answers on this form are incorrect or untrue, Ingram has the right to deny benefits and/or rescind coverage.
 - I understand that electing coverage for a domestic partner/dependent may have legal and tax implications that are solely the responsibility of the associate and/or domestic partner.

- I agree to notify Ingram within 30 days if any of the above information changes rendering the domestic partner/dependents ineligible for coverage. As the domestic partner, I acknowledge and agree that Ingram has the right to deny benefits and/or rescind coverage for me and my dependents (if any) upon receipt of such 30-day notice from the associate without notice to me or my consent.
- I understand that Ingram has the right to discontinue domestic partner/dependent coverage at any time.
- I understand that Federal COBRA coverage is not available to domestic partners. However, Ingram will provide continuation coverage that mirrors COBRA to the domestic partner and his/her eligible dependents that lose coverage if the domestic partnership ends.
- I agree to indemnify, jointly and severally, Ingram for any expenses or liabilities it incurs as a result of any misrepresentations or inaccuracies, whether made knowingly or unknowingly, in this certification or in any of the information concerning our domestic partnership provided in this certification.
- I have been advised to consult with an attorney regarding the possibility that the filing of this certification may have other legal and/or financial consequences, including that fact that it may, in the event of the termination of the domestic partnership, be regarded as a factor leading a court to treat the relationship as the equivalent of marriage for purposes of establishing and dividing community property, assigning community debt, and for the payment of support.

✕ _____
Associate Signature

Date

✕ _____
Domestic Partner Signature

Date

Associate Notary

Domestic Partner Notary

State of: _____

State of: _____

County of: _____

County of: _____

Sworn to and subscribed before me this _____

Sworn to and subscribed before me this _____

day of _____, _____.

day of _____, _____.

Notary Public

Notary Public

My commission expires: _____

My commission expires: _____



Domestic Partner Benefits Frequently Asked Questions

Q. What is required in order to meet the definition of a “domestic partnership” under the Ingram health plans?

A: You and your domestic partner of the same or opposite sex are registered on a state or local governmental domestic partner registry.

If you and your domestic partner are not registered on a state or local governmental domestic partner registry, then the following criteria must be met:

- You and your domestic partner of the same or opposite sex have shared a continuous committed relationship and, intend to do so indefinitely, and have no such relationship with any other person.
- You and your domestic partner are jointly responsible for each other’s welfare and financial obligations.
- You and your domestic partner reside in the same household.
- You and your domestic partner are not related by blood to a degree of kinship that would prevent marriage from being recognized under the laws of your state of residence.
- Both you and your domestic partner are over age 18, or legal age, and are mentally and legally competent to enter into a contract.
- Neither you nor your domestic partner is married to a third party.
- You and your domestic partner have not entered into your relationship solely for the purpose of obtaining benefits.

Q: What benefits is my domestic partner eligible to be enrolled in?

A: Medical, prescription, dental, vision, supplemental life and supplemental accidental death and dismemberment, employee assistance program, critical illness, accident and group legal.

Q: When can I add my domestic partner to my benefits?

- A:
- When you are newly hired.
 - Within 30 days of a Qualified Change in Status (registering your domestic partnership on a state or local governmental domestic partner registry, you and your domestic partner achieve a continuous, committed relationship status, your domestic partner changes jobs or loses coverage, etc.).
 - Ingram’s annual open enrollment period in the fall.

PLEASE NOTE: Solely signing and completing the *Ingram Domestic Partner Certification Form* is not a qualifying change of status.

Q: How do I enroll my domestic partner in Ingram's benefits?

A: You will use Benefitsolver to make your benefit elections and submit along with either:

- the ***Ingram Domestic Partner Certification Form***, and Proof of Joint Ownership **OR**
- a copy of your state or local governmental domestic partner registration and Proof of Joint Ownership. If you add your domestic partner mid-year, as a result of certification or registration of domestic partnership, you do not need to provide Proof of Joint Ownership.

Q: What is Proof of Joint Ownership?

A: Documentation demonstrating that the relationship is current and ongoing.

- Documentation must include the name of both the associate and domestic partner
- If you don't have a document listing both names, you may send two documents - one for each person
- Documents cannot be more than 60 days old and must show current mailing address
- **Mark out all financial/account information and the first five digits of all Social Security numbers.**

Examples include:

- Mortgage statement, deed, or rental/lease agreement
- Bank or credit card statements
- Utility bills
- Property appraisals from the city, county or state for tax purposes or property tax documents
- Auto or home insurance currently in effect

Documentation that is not acceptable:

- Proof of a one-time purchase (like a washer and dryer)
- Cell phone bills
- Car registration

Q: Is coverage for my domestic partner taxed differently?

A: Yes. Under federal law, the value of health insurance coverage provided to an employee, the employee's spouse or children under age 26 is not included in the employee's income (and therefore is not subject to tax). Coverage provided to other individuals will be taxable income to the employee unless they qualify as the employee's tax dependent. Generally, domestic partners and child(ren) of domestic partners do not qualify as tax dependents.

If Ingram provides benefits to someone other than a tax dependent, federal law requires that the value of the benefit provided be included in the gross income of the associate for tax purposes. This is called "imputed income."

Q: How does the imputed income affect my paycheck and my income taxes?

A: Imputed income is separate from – and in addition to – the monthly amount you pay for health coverage. Imputed Income is taxable; it increases your taxable gross income for federal and state income taxes as well as for FICA (Social Security and Medicare) taxes that are withheld from your paycheck.

Imputed income is reported on your annual W-2. You may want to re-examine your W-4 (Wage and Income Withholding Statement), in case you want to make changes to your withholding.

Q: Does the imputed income for domestic partner coverage affect other benefits?

A: The imputed income does not affect other benefit plans. It is not included, for example, in the compensation base for group life insurance or disability benefits.

Q: Can I use my FSA (flexible spending account) to pay for my domestic partner's medical, dental, vision or dependent care expenses?

A: No. IRS regulations that govern FSAs allow reimbursement of expenses only for the employee, spouse, or tax dependents.

Q: What actions are required if the domestic partnership relationship dissolves?

A: If you and your domestic partner completed Ingram's *Domestic Partner Certification Form*, then you will need to complete the *Termination of Domestic Partnership* form and return it to your HR department or the Ingram Benefits Department within 30 days of the date of the terminated relationship. All health coverage for your domestic partner and/or domestic partner's child(ren) will end as of the date the termination form is signed.

If you provided a copy of your state or local governmental domestic partner registration, then you will need to provide a copy of the dissolution paperwork within 30 days of the date of the termination of the relationship. All health coverage for your domestic partner and/or domestic partner's child(ren) will end as of the date the dissolution paperwork was accepted by the state or local governmental registry.

Q: Where can I receive additional information about domestic partner benefits?

A: Contact your HR department or the Ingram Benefits Department at 800.876.7266.