



Declaration of Tax Status for Domestic Partner and/or Children of a Domestic Partner

Important: It can be complex to determine whether an individual satisfies the definition of a tax dependent under the Internal Revenue Code. You may wish to consult a tax professional for advice on your personal situation before you declare that your domestic partner and their children are your dependents as defined in Section 152 of the IRC.

List your domestic partner and each of his/her children that meet Arkema’s eligibility requirements and that you wish to enroll them for Arkema’s health and insurance benefits, as applicable, and indicate whether you declare each to be your tax dependent. Please complete multiple forms if you have more than two children to add to coverage.

Domestic Partner Information:		
Name:	Social Security No:	Gender: <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> N
Date of Birth:	Is your tax dependent? <input type="checkbox"/> Y <input type="checkbox"/> N	

Dependent Information:		
Name:	Gender: <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> N	
Date of Birth:	Social Security No:	
Relationship to Domestic Partner: <input type="checkbox"/> Daughter <input type="checkbox"/> Son	Is your tax dependent? <input type="checkbox"/> Y <input type="checkbox"/> N	
Name:	Gender: <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> N	
Date of Birth:	Social Security No:	
Relationship to Domestic Partner: <input type="checkbox"/> Child	Is your tax dependent? <input type="checkbox"/> Y <input type="checkbox"/> N	

I, the employee, understand that if my domestic partner (and/or their children) are not my tax dependent(s), I understand Arkema will impute income to me for the value of the health care benefits provided, and I will be responsible for payment of additional income taxes as a result of enrolling him/her (them) in Arkema coverage.

If there is any change in the tax status of the domestic partnership and/or their children, I, the employee of Arkema, understand that I have an obligation to notify the Arkema Benefits Center within 31 days of such change and that if I had previously certified my domestic partner and/or their children as a tax dependent, I may have an additional tax liability due to changing the tax status.

Employee Signature	Employee ID	Date Signed
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Printed Name (Employee)	Telephone number
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Please upload this document to the myplansconnect.com/arkema website.