



Legally Domiciled Adult Certification Form

Employee Information <i>All sections to be completed in full.</i>			
Full name		First, middle, and last	SSN ###-##-####
Address <i>Street address or PO box, city, state, and zip code</i>			
Legally Domiciled Adult (LDA) Information <i>If reason for adding is 'LDA loss of other coverage,' documentation of loss must be provided.</i>			
Full name		First, middle, and last	SSN ###-##-####
Date of birth		MM/DD/YYYY	
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Reason for adding: <input type="checkbox"/> Employee newly eligible for benefits <input type="checkbox"/> Attainment of LDA eligibility requirements	<input type="checkbox"/> LDA loss of other coverage	Effective date MM/DD/YYYY
Affirmation of LDA Eligibility <i>Check all that apply.</i>			
The individual for whom I am applying for coverage satisfies the following requirements:			
<input type="checkbox"/> Is at least 18 years of age	<input type="checkbox"/> If requested, we can provide at least two of the following:		
<input type="checkbox"/> Shares basic living expenses and is financially interdependent with the employee	• Driver's license listing a common address		
<input type="checkbox"/> We reside together in the same residence and intend to do so indefinitely	• Tax returns listing a common address		
<input type="checkbox"/> We are not sharing the same domicile solely for the purpose of obtaining benefits coverage	• Bank, credit card, or other financial or utility statements listing a common address		
<input type="checkbox"/> We are jointly responsible for each other's common welfare and share financial obligations			
Employee and LDA Signatures <i>You must sign, date, and submit this form to MCC for it to be valid.</i>			
Change in Status We agree to notify Michigan Catholic Conference (MCC) within 30 days of any change in status which would make the LDA no longer eligible for benefits by filing an LDA Decertification Form. The LDA Decertification Form shall affirm that the LDA coverage is terminated as of the date of the execution specified therein and that a copy has been mailed to the other party by the party authorizing the action.			
Acknowledgements			
<ul style="list-style-type: none"> • We have provided the information in this Certification Form for the sole purpose of determining our eligibility for LDA benefits. • We understand that any false or misleading statements made in order to receive benefits for which we do not qualify may subject the Employee to disciplinary action. • We understand that MCC may change benefit coverage and eligibility at any time. • We understand that information provided in this Certification Form will be held confidentially, but will be subject to disclosure (a) upon the express written authorization of the Employee; (b) upon request of the insurer or plan administrator; or (c) if otherwise required by law. • We affirm, under penalty of perjury, that the statements in this Certification Form are true and correct. • We agree that in the event of a false declaration or the failure to file a LDA Decertification Form with MCC, MCC may recover damages from the Employee for all costs and expenses incurred by MCC as a result of the false certification, including, but not limited to, attorneys' fees incurred by MCC to recover such damages. • MCC has advised us to consult with an attorney regarding the legal consequences of signing this Certification Form. • We understand that we will need to provide an LDA Tax Treatment Certification Form to my Employer. 			
Employee signature		Date	MM/DD/YYYY
Legally Domiciled Adult signature		Date	MM/DD/YYYY

Please return completed form by email to benefits@micatholic.org, fax to (517) 316-3690, or mail to:

Michigan Catholic Conference
 Attention Benefits Department
 510 South Capitol Avenue
 Lansing, Michigan 48933

For MCC Use Only	
Received and approved by	Date MM/DD/YYYY