



Qualification Affidavit of Other Eligible Adult

This form must be filed with the University of Idaho Benefits Center prior to adding an Other Eligible Adult to any of your university benefit plans.

I, _____ (“Employee”), Vandal No. _____, certify that: _____ (“Other Eligible Adult”), Social Security No. _____, meets the qualifications of an Other Eligible Adult as listed below.

- Is 18 years of age or older and is mentally competent to consent, and
- We have agreed to and are living together, have resided together continuously for at least six (6) consecutive months before the date of this affidavit, and intend to do so indefinitely, and
- Neither of us is legally married to anyone else, and
- We are financially interdependent (copies of at least two of the following are required)
 - A joint mortgage or lease or evidence of common residence such as joint utility bills
 - Durable property or health care power of attorney
 - Joint checking account/credit account
 - Designation of each other as the primary beneficiary in a will, life insurance policy, or retirement plan

I, _____ (“Employee”), certify that the Other Eligible Adult is not related to me in any of the following relationships:

- Parents’ other descendants (siblings, nieces, nephews)
 - Grandparents and their descendants (aunts, uncles, cousins)
 - Renters, boarders, tenants, employees
 - Children or their descendants (children, grandchildren)
- If we no longer meet the above listed requirements, i.e. we no longer reside in the same household; we agree to provide a statement of termination of to the University of Idaho Benefits Center within 30 days of this change. _____(initial here)

We are filing this affidavit in order for the Other Eligible Adult to receive coverage under certain employee benefit plans. We understand that any person or organization that suffers any loss because of false statements contained in this affidavit may bring a civil action against us to recover losses, including reasonable attorney fees.



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We understand that federal or state criminal penalties may also apply. We affirm, under penalty of perjury, that the facts in this affidavit are true to the best of our knowledge.

Employee Name (printed): _____

Employee Signature: _____

Date: _____

SWORN TO and SUBSCRIBED before me by _____ on _____.

Notary Public in and for the State of _____

Other Eligible Adult (printed): _____

Other Eligible Adult Signature: _____

Date: _____

SWORN TO and SUBSCRIBED before me by _____ on _____.

Notary Public in and for the State of _____

**Please return your completed form and
required documents to:**

University of Idaho Benefits Center

P.O. Box 25408

Pittsburgh, PA 15220