

## TEMPORARY CERTIFICATION of TAX-DEPENDENCY

*For 2021 Tax Year*

Submit this document as certification and proof of 2021 tax-dependency, if you are enrolling a minor tax-dependent child (i.e. grandchild, step-child, etc.) or an *Adult Sponsored Dependent* not listed as a tax dependent on your 2020 tax return.

Employee Name: (PRINT) \_\_\_\_\_

Employee ID #: \_\_\_\_\_ Worksite: \_\_\_\_\_

Contact Phone #: \_\_\_\_\_

### TAX DEPENDENT INFORMATION: (Please PRINT)

Dependent Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Age: \_\_\_\_\_ Birth Date: \_\_\_\_\_ SSN #: \_\_\_\_\_

**I CERTIFY** by my signature that I will be claiming the above individual as my tax-dependent for the **2020 tax year**.

**I AGREE** to submit a copy of my **2020 IRS tax return to Alight Solutions no later than April 15, 2022**.

**I UNDERSTAND** that, if I do not intend to claim this dependent on my **2021** taxes, or if I do not provide proof of **2021** tax dependency as required, then I will be fully responsible to repay-in-full any health care claim amounts paid for this dependent during the period of temporary coverage and agree to forfeit any premiums paid during the ineligible coverage period.

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

**FAX to: Alight Solutions at 1-888-205-0425**