

Domestic Partner Tax Status Certification

DOMESTIC PARTNER CERTIFICATION

This form must be completed when enrolling a domestic partner or domestic partner's child(ren). It must be received by HR Benefits within 31 days of hire date or date of a qualified life event. Please send the completed form by mail or fax to:

BMO Harris Benefits Administration
PO Box 661065
Dallas, TX 75266-1065
Fax: 1-866-894-6684

If you have questions, call the Human Resources Centre at 1-888-927-7700

Employee Name	Last 4 digits of SSN	Employee ID Number (EIN)	OFFICE USE ONLY		
			Effective Date		
			Mo.	Day	Yr.
Work Location	Work Phone #				

TAX INFORMATION

If your Domestic Partner qualifies as a tax dependent under Section 152 of the Internal Revenue Code it may be beneficial from a tax perspective to enroll him/her as your dependent. There may be tax penalties for falsification of tax status.

Is your Domestic Partner a legal tax dependent? **YES** **NO**

A federal tax return showing you claimed your Domestic Partner as a tax dependent is required.

Your Domestic Partner's children are eligible for benefit coverage if they qualify as your tax dependents under Section 152 of the Internal Revenue Code. Any of your Domestic Partner's children who are not your tax dependents are **not** eligible for benefit coverage.

Check this box to certify that all Domestic Partners' Children listed on this Affidavit are your legal tax dependents. **YES**
 A federal tax return showing you claimed the child as a tax dependent is required.

CHANGE IN DOMESTIC PARTNERSHIP OR TAX STATUS

You must notify HR Benefits in writing if there is any change in your domestic partnership status (as certified in the affidavit) which would make the domestic partner no longer eligible for coverage (for example a change in joint residence). You must notify HR Benefits within 31 days of the change.

You must also notify HR Benefits of a tax status change for any of your covered dependents. Failure to notify HR Benefits within 31 days will result in retroactive loss of coverage with no reimbursement of premiums.

CERTIFICATION AND AUTHORIZATION

By signing below I certify that I have read and understand all the information stated above and attest that I am in a domestic partnership in accordance with such criteria.

I understand that any attempt to obtain or continue coverage for a non-eligible person or gain tax advantages through misrepresentation may result in termination of coverage and lead to disciplinary action up to and including termination of employment.

The information in this affidavit is provided for use by the Bank of Montreal/Harris for the sole purpose of determining eligibility for domestic partnership benefits.

SIGNATURE

Employee Signature	Date
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