

The Vanguard Group, Inc. Benefit Plan AFFIDAVIT OF TAX DEPENDENCY FOR HEALTH COVERAGE

Use this Affidavit of Tax Dependency for Health Coverage (“Affidavit”) if you would like to cover your domestic partner as a tax dependent for health coverage purposes under The Vanguard Group, Inc. Benefit Plan (“Plan”).

Generally, if you cover your domestic partner under the Plan, the cost of such coverage is paid on an after-tax basis. However, coverage can be paid on a pre-tax basis if your domestic partner qualifies as a tax dependent for health coverage purposes (see requirements below). You should sign this Affidavit only if your domestic partner meets the entire list of requirements set forth below.

You must complete this Affidavit in the presence of a notary public and send the completed Affidavit and supporting documentation to Crew Central, Mailstop M20. Upon receipt, Crew Central will review the Affidavit and documentation before making its determination, and then either confirm eligibility for the tax treatment for the health coverage of your domestic partner or notify you if any further information is required.

Please keep a copy of all materials presented for your own records.

Name of Crew Member:	Crew ID:
Name of Domestic Partner:	

I certify that we have demonstrated our evidence of domestic partnership for the Plan and still meet the criteria as outlined in The Vanguard Group, Inc. Benefit Plan SPD and the original affidavit signed when coverage for my domestic partner began. I understand that my domestic partner will not qualify as a tax dependent for health coverage purposes unless they have already met the eligibility requirements of a domestic partner and have already been covered under the Plan. I certify that my domestic partner meets the following eligibility criteria for obtaining tax-favored benefits under the Plan for each applicable calendar year of coverage:

- Rely upon the crew member for the entire coverage period for over one-half of their support;
- Are not “qualified children” (as described in section 152(c) of the Internal Revenue Code) of any other taxpayer for the entire coverage period; and
- Are not an ineligible individual under section 152(b) meaning they are not a dependent of a Code 152(b) dependent, a married dependent filing a joint return, or someone who is not a citizen or national of the US, or a resident of the US.

Crew Member’s Signature

Date

Sworn to and subscribed before me on this ____ day of ____, 20__.

Notary Public

My Commission Expires: