

CONFIDENTIAL - FOR INTERNAL USE ONLY

# DOMESTIC PARTNER CERTIFICATION

Domestic Partner Certification for Coverage Eligibility under the  
US Benefits Program

US Benefits Team

**February 2015**



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## POLICY AND CERTIFICATION INSTRUCTIONS

To obtain coverage for your domestic partner or his/her dependents under MSCI's Health and Insurance benefit plans, you and your domestic partner must be (i) lawfully married pursuant to a state or foreign law permitting same-sex marriages, (ii) registered as domestic partners through a governmental domestic partnership registry or (iii) registered as domestic partners through the MSCI Benefits department. To register through the Benefits department, you must complete this *Domestic Partnership Registration Form* and return it to the Benefits Team at the address shown below:

MSCI US Benefits  
 250 Greenwich Street, 48<sup>th</sup> Floor  
 New York, NY 10007

Completed forms can also be faxed to the following:

US Benefits Team  
 Attn: Domestic Partner Registration Form  
 Fax: 1-212-804-1500

If your domestic partner and his/her dependents are considered your dependents under Federal tax law, you may indicate so on this *Domestic Partnership Registration Form* in order to avoid imputed income. Because the determination of whether a person is a dependent for Federal income tax purposes relies on facts solely within your knowledge, MSCI and the Benefits department cannot make this determination for you. In addition, obtaining domestic partner benefits and determining whether a person is a dependent for Federal income tax purposes may affect you and your domestic partner's liability to each other, to taxing authorities and to third parties. ***You and your domestic partner should consult with your respective tax and/or legal advisors regarding any potential consequences of making your domestic partner a dependent under Federal tax law.***

If the Benefits department does not receive a properly completed *Domestic Partnership Registration Form* from you, indicating that your domestic partner and/or his/her children qualify as your dependents for Federal tax purposes, the Benefits department will assume that your domestic partner and his/her children do not qualify as your Federal tax dependents. If you believe your domestic partner and/or his/her dependents meet the requirements to be claimed as your dependents, you should consider whether to submit a revised IRS Form W-4 (Employee's Withholding Allowance Certificate) and state withholding election forms.

Certain states permit an exclusion from income for the imputed income on the value of the benefits you receive for your domestic partner and his/her dependents. In addition, benefits paid on their behalf from the Flexible Spending Accounts may be treated as pre-tax benefits for state income tax purposes. Since state requirements vary on who may be eligible for these tax benefits, you should consult with your tax advisor. If you determine you are eligible, please contact the Payroll Department.

**REGISTRATION OF DOMESTIC PARTNERSHIP**

We, (Employee) \_\_\_\_\_ and (Domestic Partner) \_\_\_\_\_, each certify and declare that we are domestic partners in accordance with the following criteria:

**DOMESTIC PARTNER CRITERIA**

1. We are lawfully married pursuant to a state or foreign law permitting same-sex marriages; OR
2. We are registered as domestic partners through a governmental domestic partnership registry (and meet the requirements of such registry); OR
3. We meet the following alternative criteria for establishing domestic partner status under MSCI’s Health and Insurance benefit plans:

We have shared a primary residence for at least six months and are responsible to each other for the direction and management of our household.

We are both legally entitled to reside in our household under applicable immigration laws.

We have a committed relationship of mutual caring, which has existed for at least six months prior to enrollment in MSCI's benefit plans.

Our relationship is expected to be long term.

We are both 18 years of age or older and mentally competent.

Neither of us is married or has another domestic partner.

We are not blood relatives.

We have not been married to each other at any time within the past 12 months.

MSCI coverage that is available to a domestic partner is also available to his/her eligible dependent children. Generally, dependents must live with you, you must be primarily responsible for their support and they must meet all other eligibility requirements under the applicable benefit plans. For details, please contact [askbenefits@msci.com](mailto:askbenefits@msci.com).

Eligible dependent children include your or your domestic partner's:

- Biological children,
- Stepchildren,
- Legally adopted children,
- Children placed for adoption,
- Foster children,
- Children for whom you or your domestic partner are the legal guardian, have legal custody or may claim a tax exemption for them as a non-custodial parent, or
- Children you have an obligation to cover under a Qualified Medical Child Support Order (QMCSO).

**CERTIFICATION OF DOMESTIC PARTNER AND DEPENDENTS AS DEPENDENTS UNDER FEDERAL LAW**

**CERTIFICATION OF DOMESTIC PARTNER**

Please refer to Section VI for the tax treatment of your domestic partner and consult a tax advisor before you certify that your domestic partner is your dependent, as defined in Section 152 of the Internal Revenue Code. If your answer is **YES**, your Form W-2 will show that you paid for your dependent’s health coverage with pre-tax dollars, benefits paid or made available will not be reported as taxable to you or your dependent and imputed income on the cost of coverage will not be reported. It is your responsibility to ensure that you correctly complete this form. MSCI will not be responsible for false or inaccurate information you provide on this form.

**PLEASE CHECK ONE:**

YES, my domestic partner qualifies as my dependent as defined in the Internal Revenue Code.

I understand and agree that on the basis of the above statements; the above person will be considered my dependent for Federal income and employment tax purposes relating to MSCI’s health plans.

I agree to reimburse any and all liability including, without limitation, benefit payments, taxes, penalties or losses (including court costs and reasonable attorney’s fees) that may be incurred arising out of MSCI’s or the health plan’s reliance on this *Domestic Partnership Registration Form* if it is untrue in any respect or if I fail to provide the notice required by Section IV of this form.

NO, my domestic partner does not qualify as my dependent under the Internal Revenue Code.

I understand and agree that the premiums both MSCI and I pay for Health and Insurance benefit coverage for my domestic partner will be paid for on an after-tax basis or treated as imputed income to me.

**CERTIFICATION OF CHILD(REN) OF A DOMESTIC PARTNER**

Please refer to Section VI for the tax treatment of your domestic partner’s children and consult a tax advisor before you certify that your domestic partner’s children are your dependents, as defined in Section 152 of the Internal Revenue Code. If your answer is **YES**, your Form W-2 will show that you paid for your domestic partner’s children’s health coverage with pre-tax dollars, benefits paid or made available will not be reported as taxable to you or your dependent and imputed income on the cost of coverage will not be reported. It is your responsibility to ensure that you correctly complete this form. MSCI will not be responsible for false or inaccurate information you provide on this form.

**PLEASE CHECK ONE:**

YES, my domestic partner’s children qualify as my dependents as defined in the Internal Revenue Code.

I understand and agree that on the basis of the above statements, my domestic partner’s children will be considered my dependents for Federal income and employment tax purposes relating to MSCI’s health plans.

I agree to reimburse any and all liability including, without limitation, benefit payments, taxes, penalties or losses (including court costs and reasonable attorney’s fees) that may be incurred arising out of MSCI’s and the health plan’s reliance on this *Domestic Partnership Registration Form* if it is untrue in any respect or if I fail to provide the notice required by Section IV of this form.

NO, my domestic partner’s children do not qualify as my dependents for Federal income tax purposes in accordance with the requirements of the Internal Revenue Code.

I understand and agree that the premiums both MSCI and I pay for Health and Insurance benefit coverage for my domestic partner’s children will be paid for on an after-tax basis or treated as imputed income to me.

I hereby declare that all statements and answers to the above questions are complete and true and that MSCI will not be liable for any false or inaccurate information. I understand that submission of this form is not a guarantee of coverage.

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

**CHANGE IN DOMESCTIC PARTNERSHIP NOTICE REQUIREMENTS**

We each agree to provide notification as required by this Section IV if there is any change in our status as domestic partners as attested in this *Domestic Partnership Registration Form* that would make the non-employee domestic partner and/or any of his/her dependent children ineligible for the MSCI benefits program (for example, due to the death of a partner, a change in joint-residence, termination of our partnership, etc.).

We agree to provide notification as required by this Section IV if any person claimed in Section III to be a dependent of the employee ceases to be a dependent of the employee.

We will provide notification to the Human Resources department within 31 days of such change in our status as domestic partners and/or the status of any dependent children.

**ACKNOWLEDGEMENTS**

We understand that any person/employer/insurer/claims administrator who suffers any loss due to any false statement contained in this *Domestic Partnership Registration Form* may bring a civil action against either or both of us to recover their losses, including court costs and reasonable attorney’s fees.

We have provided the information in this *Domestic Partnership Registration Form* for the sole purpose of determining our eligibility for and the taxability of domestic partner benefits. We understand that this information will be treated as confidential by MSCI, but that such information will be shared with certain MSCI employees and that MSCI cannot guarantee the privacy of this information. We understand that MSCI is not legally required to provide any such benefits and MSCI reserves the right to amend or terminate any benefit or benefit plan at any time.



We understand that this *Domestic Partnership Registration Form* may have legal implications relating, for example, to our ownership of property or to the taxability of benefits provided, and that before signing this *Domestic Partnership Registration Form*, we have been advised to seek competent legal and accounting advice concerning such matters.

We understand and acknowledge that any misrepresentation or falsification of information regarding eligibility for coverage and benefits (i) will result in termination of such coverage and benefits, (ii) may subject us to legal or disciplinary action by MSCI, in its sole discretion, including termination of employment and cancellation of executive compensation, as applicable, and (iii) will impose liability on us to reimburse MSCI for the contributions and benefits that were improperly obtained and costs incurred related to such misrepresentation or false information.

We declare, under penalty of perjury, under the laws of our state of residence that the assertions in this *Domestic Partnership Registration Form* are true to the best of our knowledge. We understand that this *Domestic Partnership Registration Form* is not an application for benefits coverage and that the purpose for this *Domestic Partnership Registration Form* is to establish the eligibility and taxability of persons named herein for the coverage provided under the MSCI benefits program.

\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employee Social Security Number

\_\_\_\_\_  
Domestic Partner Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Domestic Partner Date of Birth

\_\_\_\_\_  
Domestic Partner Social Security Number

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State, Zip

## TAX TREATMENT OF BENEFITS FOR DOMESTIC PARTNERS AND THEIR DEPENDENTS

Generally, your paychecks are processed by treating all health plan coverage as paid for on a pre-tax basis. Under Federal tax law, if your domestic partner and/or his/her children do not qualify as your tax dependents, as defined below, then the premiums both you and MSCI pay for the coverage of your domestic partner and/or his/her children may not be paid for on a pre-tax basis. To convert your and MSCI's contributions to an after-tax deduction, the premium both you and MSCI pay for your domestic partner's and/or his/her children's coverage will be included in your gross income, subject to Federal income tax withholding and employment taxes, and will be reported on your year-end Form W-2. If you contribute to the Health Care and/or Dependent Day Care Flexible Spending Accounts, you will also be unable to claim expenses for your domestic partner and/or his/her children.

### TAX CONSEQUENCES WHERE DOMESTIC PARTNER IS A TAX DEPENDENT

If your domestic partner qualifies as your Federal tax dependent, you can avoid having your and MSCI-paid contributions treated as taxable income. To avoid taxation, you must complete and return Section III of this *Domestic Partnership Registration Form*. Because the determination of whether a person is a dependent for Federal tax purposes relies on facts solely within your knowledge, MSCI and the Human Resources department cannot make this determination for you and determining whether a person is a dependent for Federal income tax purposes may affect your and your domestic partner's liability to each other, to taxing authorities and to third parties. ***You and your domestic partner should consult with your respective tax and/or legal advisors regarding any potential consequences of making your domestic partner a dependent under Federal tax law.***

If you inform us that your domestic partner and/or his/her children may qualify as your Federal tax dependents, then no portion of the premiums paid by you or MSCI will be reported income or be subject to Federal withholding or employment taxes.

1. *Who is a Tax Dependent?* Refer to IRS Publication 501 available on the IRS website at [www.irs.gov](http://www.irs.gov) to determine whether your domestic partner and his/her children may qualify as dependents under the MSCI health plans for Federal tax purposes.

You cannot claim any dependents if you could be claimed as a dependent by another taxpayer.

You cannot claim a person as a dependent unless that person is a US citizen, US resident alien, US national or a resident of Canada or Mexico for some part of the year.

You cannot claim a person as a dependent unless that person is your **qualifying child** or **qualifying relative**.

Tests to be a Qualifying Child	Tests to be a Qualifying Relative
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1. The child must be your son, daughter, stepchild, eligible foster child, brother, sister, half-brother, half-sister, stepbrother, stepsister or a descendant of any of them.
2. The child must be (a) under age 19 at the end of the year, (b) under age 24 at the end of the year and a full-time student, or (c) any age if permanently and totally disabled.
3. The child must have lived with you for more than half of the year.
4. The child must not have provided more than half of his or her own support for the year.
5. If the child meets the rules to be a qualifying child of more than one person, you must be the person entitled to claim the child as a qualifying child.

1. The person cannot be your qualifying child or the qualifying child of anyone else.
2. The person must be (a) your child, stepchild, eligible foster child or descendant of any of them, (b) your brother, sister, half-brother, half-sister, stepbrother or stepsister, (c) your father, mother, grandparent or other direct ancestor (not a foster parent), (d) your stepfather or stepmother, (e) a son or daughter of your brother or sister, (f) a brother or sister of your mother or father, (g) your son-in-law, daughter-in-law, father-in-law, mother-in-law, brother-in-law or sister-in-law, or (h) must live with you as a member of your household and your relationship does not violate local law). Any of these relationships that are created by marriage are not ended by death or divorce.
3. The person’s gross income for the year must be less than \$3,300.
4. You must provide more than half of the person’s total support for the year.

2. *Determining Support.* You must provide more than half of your domestic partner's total support. Use the Worksheet for Determining Support (Worksheet 1) in IRS Publication 501, (Exemptions, Standard Deduction, and Filing Information) for additional information.
3. *Filing a Domestic Partnership Registration Form (other than for a spouse).* Contact your tax advisor before representing that your domestic partner qualifies as a dependent.

**Other Important Information**

Any inconsistency between the terms of any letter or verbal representation and the official Plan document will be governed by the Plan document. Although MSCI expects to continue its benefit plan indefinitely, MSCI and its affiliates necessarily reserve the right to amend, modify or discontinue its plans at any time.