

DECLARATION OF ADULT DEPENDENCY AFFIDAVIT

**STATE OF GEORGIA
DEKALB COUNTY**

The undersigned, being duly sworn, depose and declare as follows:

1. The dependent is an immediate family member, as defined in the Dependent Care Reimbursement Policy.
2. I am competent to enter into a contract.
3. The employee and the dependent share the same primary, regular and permanent residence and have lived together for the previous six months, and submit herewith documentation of joint residency.
4. The DeKalb County employee's dependent is a dependent of the employee under Georgia law.
5. I agree that the DeKalb County employee shall be responsible for any and all tax liability associated with any benefits provided to the dependent, including imputed taxable income, and shall be subject to tax withholding or other tax treatment.
6. I agree to file a termination of adult dependency notice with the DeKalb County Department of Finance, Risk Management and Employee Services Division, Employee Benefits Unit within ten (10) days if any of the facts in this affidavit change.

Verifying joint residency:

- The primary, regular and permanent residence address of both the employee and the adult dependent must be correct at all times. The original address and subsequent changes i.e., amendments to the declaration of dependency filed with the Department of Finance, Risk Management and Employee Services Division, Employee Benefits Unit to show a change in such employee's or dependent's primary residence address.
- Documentation type examples listed below are acceptable as reasonable proof of dependent's residence address:
 - Georgia Driver's License, Georgia I.D., Voter registration, passport or utility bills.
 - Any and all reasonable documentation must include current residence address for acceptance.
- Two documents, one per employee and one per dependent, similar to the type above or

- One of the referenced documents above that includes both the employee's and the dependent's names is acceptable to meet the joint residency requirement.
7. I understand and agree that in the event any of the statements set forth herein are not true the reimbursements for which this Affidavit is being submitted may be rescinded and I shall be liable for any expenses incurred by the employer.
 8. I agree under penalty of perjury under the laws of Georgia that all information in this declaration of adult dependency is true and correct.

DeKalb County Employee:

Print Name

Signature

Sworn to before me this _____ day of _____, 20____.

NOTARY PUBLIC