

# SHARED BENEFIT AUTHORIZATION FORM

## Spouses or Domestic Partners

The Lake Washington School district allows LWEA Married Couples and Domestic Partners to share benefit allocation dollars.

Each person in the relationship must complete the appropriate section below. **Send completed form including signatures, to Payroll with new enrollment/removal of coverage forms.**

Domestic Partners must return an Affidavit of Domestic Partnership with this form.

Note: There may be tax implications to Domestic Partners who share benefit allocation dollars. Please consult your tax professional for advice.

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### Section I Release of Benefit Allocation

Employee's Name: \_\_\_\_\_ *Please print.*

I understand that I am transferring the balance of my benefit allocation (after Mandatory Benefits) to:

Name: \_\_\_\_\_ *Please print.*

- Spouse:  
 Domestic Partner:

**I agree to inform Payroll of any changes to our status.**

Signature: \_\_\_\_\_

Location: \_\_\_\_\_ Date: \_\_\_\_\_

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### Section II Acceptance of Benefit Allocation

Employee's Name: \_\_\_\_\_ *Please print.*

I am accepting the benefit allocation balance from:

Name: \_\_\_\_\_ *Please print.*

**I agree to inform Payroll of any changes to our status.**

Signature: \_\_\_\_\_

Location: \_\_\_\_\_ Date: \_\_\_\_\_