

**Employee Consent Form to Allow the University of California to Claim FICA Tax Refund
Relating to Provision of Health Care Benefits to Employee's Same-Sex Spouse**

Social Security Number: _____

Employee name: _____
Last, first and middle initial

Prior name: _____
If you changed your name because of marriage, divorce, etc., enter the name used previously.

Address: _____
Number and street or P.O. box number Apt. No

City, town or post office State ZIP code

Note: If foreign address, enter the information in the following order: city, province or state, and country. Follow the country's practice for entering the postal code. Please do not abbreviate the country name.

Date of Marriage: _____ **State of Marriage:** _____ **Name of Spouse:** _____

For each calendar quarter shown below, check "Yes" if you authorize University of California to collect the FICA tax refund on your behalf, or "No" if you do not authorize University of California to collect the FICA tax refund on your behalf, or you are not eligible for a FICA tax refund.

Quarter	2010	2011	2012
First	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Second	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Third	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Fourth	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

For each quarter above that I checked "Yes":

- I have not claimed and will not claim a refund or credit from the IRS for any over collected FICA taxes from imputed income on health care benefits provided by UC to my spouse, or if I have, the claim was rejected.
- I understand that my OASDI and Medicare earnings record will be corrected for tax periods for which I received a refund. I understand that reducing these wages could affect my eligibility, or the amount of, future Medicare and OASDI benefits.
- I give my consent to University of California to file a FICA Refund Claim on my behalf for refunds of FICA taxes that University of California withheld from my wages for health care benefits received by my spouse.
- I understand that once the University of California receives the refund on my behalf, the amount will be returned to me by check or my normal method of pay distribution

SIGN HERE ► _____ **Date:** _____

Return your signed consent form no later than **November 27, 2013** by scanning and emailing it to:
payrolltax@berkeley.edu with the "Subject: DOMA FICA Tax Refund" or mail the form to:

University of California, Berkeley
Payroll Office - Attn: Jerri Rausse
2195 Hearst Ave., #120
Berkeley, CA 94720-1104

Keep a signed copy of the consent form for your records.