

DECLARATION OF DOMESTIC PARTNERSHIP

I. DECLARATION:

We, _____ and _____ ,
(student-print name) (domestic partner-print name)

each certify and declare that we are domestic partners in accordance with the following criteria:

II. STATUS

- A. We have filed a domestic partner declaration with the (City/Council/Borough) of _____ and that the domestic partner declaration remains in effect (attach copy of declaration) or;
- B. We do not reside in a jurisdiction which provides for the registration of domestic partner declarations, but meet all of the following criteria.
1. We affirm that this domestic partnership began on or about ___/___/___.
 2. We are each other's sole domestic partner, and we intend to remain so indefinitely.
 3. Neither of us is married to or legally separated from anyone else nor have had another domestic partner within the prior six months.
 4. We are both at least eighteen (18) years of age and mentally competent to consent to contract.
 5. We are not related by blood to a degree of closeness that would prohibit legal marriage in the state in which we legally reside.
 6. We cohabit and reside together in the same residence and intend to do so indefinitely. We have resided in the same household for at least six months.
 7. We are engaged in a committed relationship of mutual caring and support and are jointly responsible for our common welfare and living expenses. Our interdependence is demonstrated by at least three of the following (please check appropriate items):
 - ___ Common ownership of real property (joint deed or mortgage agreement) or a common leasehold interest in property
 - ___ Common ownership of a motor vehicle
 - ___ Driver's license listing a common address
 - ___ Proof of joint bank accounts or credit accounts

- ___ Proof of designation as the primary beneficiary for life insurance or retirement benefits, or primary beneficiary designation under a partner's will
- ___ Assignment of a durable property power of attorney or health care power of attorney

8. We are not in this relationship solely for the purpose of obtaining benefits coverage.

III. DEPENDENT CHILDREN OF DOMESTIC PARTNER

We understand that dependent children of _____ (domestic partner-print name) are eligible for coverage when they are:

- unmarried,
- primarily dependent on the student for support, and
- meet the age/school and all eligibility requirements of the plan of benefits.

IV. CHANGE IN DOMESTIC PARTNERSHIP:

1. We have an obligation to notify University Health Plans by filing a Declaration of Termination of Domestic Partnership if there is any change in our domestic partnership status as attested to in this Declaration that would terminate this Declaration (e.g., due to death of a partner, a change in residence of one partner, termination of the relationship, etc.). We will notify University Health Plans within thirty-one (31) days of such change.
2. We understand that termination of this coverage (obtained as a result of completion of this Declaration) will be effective on the date the relationship ends as indicated on the Declaration of Termination of Domestic Partnership, providing coverage has not otherwise terminated due to standard policy provisions,

V. ACKNOWLEDGMENTS:

1. We understand that a civil action may be brought against one or both of us for any losses (as well as attorneys' fees and costs) due to any false statement contained in this Declaration or for failure to notify University Health Plans of changed circumstances as required in Section IV above. I, the undersigned student, further understand that falsification of information in this Declaration, or failure to notify University Health Plans, of changed circumstances pursuant to Section IV above.
2. We have provided the information in this Declaration for use by University Health Plans for the sole purpose of determining our eligibility for certain domestic partner benefits. We understand and agree that University Health Plans is not legally required to extend any such benefits. We understand that

this information provided in this Declaration will be treated as confidential by University Health Plans but will be subject to disclosure; a) upon the express written authorization of the undersigned student, b) upon request of the insurer or plan administrator, or c) if otherwise required by law.

3. We understand that this Declaration may have legal implications relating, for example, to our ownership of property or to taxability of benefits provided, and that before signing this Declaration we should seek competent legal advice concerning such matters.

We affirm, under penalty of perjury, that the statements in this Declaration are true and correct. This completed form must be submitted with your dependent enrollment form.

Student Signature

__/__/__
DOB

__/__/__
Date

Domestic Partner Signature

__/__/__
DOB

__/__/__
Date

Student & Domestic Partner Address