

# Affidavit of Domestic Partnership

Section I. Employee Identification			
Employee/Retiree Name (Last, First, MI)	Sex M/F	Employee #	Department
Street Address	City	State	ZIP
Domestic Partner Name (Last, First, MI)	Sex M/F	Social Security #	

Section II. Affidavit
<p><b>I hereby certify that:</b></p> <ul style="list-style-type: none"> <li>♦ I am in a relationship of mutual support, caring, and commitment with the domestic partner named above, and intend to remain in such relationship for the indefinite future.</li> <li>♦ I am not married to anyone else.</li> <li>♦ I am my domestic partner's sole domestic partner, and vice versa.</li> <li>♦ I am not related by blood to my domestic partner closer than would bar marriage in our state of residence.</li> <li>♦ My partner and I are each at least 18 years of age and competent to contract.</li> <li>♦ I reside with my domestic partner and intend to do so for an indefinite period.</li> <li>♦ I am jointly responsible with my domestic partner for maintaining our household.</li> <li>♦ I am jointly responsible with my domestic partner for shared financial obligations.</li> <li>♦ I will inform the University of Delaware promptly if there is any change in the status of the domestic partnership.</li> </ul> <p>I understand that my attempt to obtain or continue coverage for a non-eligible person or gain tax advantages through misrepresentation may constitute fraud and will result in termination of coverage and lead to disciplinary action up to and including termination of employment and/or a civil action being brought against one or both of us by the University and/or the benefit plans. All of the costs (including those incurred by the University for attorney fees and court fees) of any civil action brought against one or both of us will be paid by us.</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 45%;"> <p>_____ Notary Public</p> <p>Subscribed and Sworn to before me this _____ day of _____, 20_____</p> <p>My Commission Expires: _____</p> </div> <div style="width: 45%;"> <p>_____ Employee Signature</p> <p>_____ Domestic Partner Signature</p> <p>_____ Office of Human Resources Signature</p> </div> </div>

Section III. Supporting Documentation		
<i>Please check three boxes, and attach supporting documents</i>		
<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none; vertical-align: top;"> <input type="checkbox"/> Marriage certification issued by, and legally recognized by, a state or municipality  <input type="checkbox"/> Ownership of a current joint bank account, credit card or evidence of a joint obligation on a loan  <input type="checkbox"/> Granting each other power of attorney or durable power of attorney  <input type="checkbox"/> A joint deed, mortgage or lease of primary residence  <input type="checkbox"/> Joint ownership of a motor vehicle                 </td> <td style="width: 50%; border: none; vertical-align: top;"> <input type="checkbox"/> Designation by one or the other as primary beneficiary under a retirement benefits account, life insurance or will. Execution of wills naming each other as executor  <input type="checkbox"/> Evidence of common household or other joint responsibility (e.g. household expenses, utility/telephone bills, etc.)                 </td> </tr> </table> <p><input type="checkbox"/> <b>Check this box if you provide more than one-half of your domestic partner's support and your domestic partner does not earn more than permitted by applicable IRS Regulations</b></p>	<input type="checkbox"/> Marriage certification issued by, and legally recognized by, a state or municipality <input type="checkbox"/> Ownership of a current joint bank account, credit card or evidence of a joint obligation on a loan <input type="checkbox"/> Granting each other power of attorney or durable power of attorney <input type="checkbox"/> A joint deed, mortgage or lease of primary residence <input type="checkbox"/> Joint ownership of a motor vehicle	<input type="checkbox"/> Designation by one or the other as primary beneficiary under a retirement benefits account, life insurance or will. Execution of wills naming each other as executor <input type="checkbox"/> Evidence of common household or other joint responsibility (e.g. household expenses, utility/telephone bills, etc.)
<input type="checkbox"/> Marriage certification issued by, and legally recognized by, a state or municipality <input type="checkbox"/> Ownership of a current joint bank account, credit card or evidence of a joint obligation on a loan <input type="checkbox"/> Granting each other power of attorney or durable power of attorney <input type="checkbox"/> A joint deed, mortgage or lease of primary residence <input type="checkbox"/> Joint ownership of a motor vehicle	<input type="checkbox"/> Designation by one or the other as primary beneficiary under a retirement benefits account, life insurance or will. Execution of wills naming each other as executor <input type="checkbox"/> Evidence of common household or other joint responsibility (e.g. household expenses, utility/telephone bills, etc.)	

For Use Only by the Office of Human Resources		
Accepted <input type="checkbox"/>	Rejected <input type="checkbox"/>	Date
Authorized Signature	Print Name	Title