

# 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

**I hereby certify that:**

- ♦ 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.
- ♦ I am not married to anyone else.
- ♦ I am my domestic partner's sole domestic partner, and vice versa.
- ♦ I am not related by blood to my domestic partner closer than would bar marriage in our state of residence.
- ♦ My partner and I are each at least 18 years of age and competent to contract.
- ♦ I reside with my domestic partner and intend to do so for an indefinite period.
- ♦ I am jointly responsible with my domestic partner for maintaining our household.
- ♦ I am jointly responsible with my domestic partner for shared financial obligations.
- ♦ I will inform the University of Delaware promptly if there is any change in the status of the domestic partnership.

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. I further understand that the University reserves the right to amend, modify or terminate its benefit plans or programs or employment policies at any time. 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.

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
Employee Signature

Subscribed and Sworn to before me  
this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
Domestic Partner Signature

My Commission Expires: \_\_\_\_\_

\_\_\_\_\_

## Section III. Supporting Documentation

*Please check applicable boxes, and attach supporting documents of the items below*

- Marriage/Civil Union Certification issued by, and legally recognized by, a state or municipality

*Or, please check three boxes, and attach supporting documents of the items below*

- |   |   |
|---|---|
| <input type="checkbox"/> Ownership of a current joint bank account, credit card or evidence of a joint obligation on a loan | <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"/> Granting each other power of attorney or durable power of attorney                                 | <input type="checkbox"/> Evidence of common household or other joint responsibility (e.g. household expenses, utility/telephone bills, etc.)  |
| <input type="checkbox"/> A joint deed, mortgage or lease of primary residence   | <input type="checkbox"/> Joint ownership of a motor vehicle   |

- Check this box if you provide more than one-half of your domestic partner's support, share the same household, and your domestic partner does not earn more than permitted by applicable IRS Regulations*

## For Use Only by the Office of Human Resources

Accepted <input type="checkbox"/>	Rejected <input type="checkbox"/>	Date
Authorized Signature	Print Name	Title