

# BRADLEY

UNIVERSITY

Declaration of Same-Sex Domestic Partner Relationship (Please type or print)

	EMPLOYEE	DOMESTIC PARTNER
NAME		
SOCIAL SECURITY NUMBER		
DATE OF BIRTH		
DEPT.		
CAMPUS PHONE NUMBER		

**CERTIFICATION**

<p>I _____ and _____ certify that we live in a committed relationship and are each other's Domestic Partner in accordance with the following criteria and are eligible for University benefits as Domestic Partners.</p> <ul style="list-style-type: none"> <li>• We are each other's sole Domestic Partner and intend to remain so indefinitely.</li> <li>• We are of the same sex.</li> <li>• We are not legally married to anyone.</li> <li>• We share a residence and have done so for at least six months.</li> <li>• We are both age 18 or older and mentally competent to consent.</li> <li>• We are not related by blood to a degree of closeness which would prohibit legal marriage in the state in which we legally reside.</li> <li>• We would marry or establish a legally recognized Domestic Partnership if it were available to us under the laws of the state in which we live.</li> <li>• We are jointly responsible for each other's common welfare and share financial obligations which could be demonstrated upon request by providing proof of the existence of at least three of the following (please check): <ul style="list-style-type: none"> <li><input type="checkbox"/> joint mortgage or lease or other appropriate written evidence of common residence such as joint utility bills</li> <li><input type="checkbox"/> designation of Domestic Partner as primary beneficiary in: <ul style="list-style-type: none"> <li>my or my Domestic Partner's will, or</li> <li>life Insurance, or</li> <li>retirement Plan</li> </ul> </li> <li><input type="checkbox"/> durable property or health care power of attorney</li> <li><input type="checkbox"/> joint ownership of motor vehicle</li> <li><input type="checkbox"/> joint checking account or joint credit account</li> </ul> </li> </ul>			
SIGNATURE OF EMPLOYEE	DATE:	SIGNATURE OF DOMESTIC PARTNER	DATE:

**ACKNOWLEDGMENT**

<p>I understand that I have the opportunity to cover my Domestic Partner under University benefits plans under the same terms and with the same privileges and restrictions that apply to spouses and eligible dependent children. I understand that benefits I elect for my Domestic Partner using this Declaration will remain in effect as long as I meet the eligibility requirements. I understand that Bradley University is required by the Internal Revenue Service (IRS) to report as taxable income Bradley University's share of the premium increase for coverage of my Domestic Partner under the employee health or dental benefit plans, and that I will not be able to make pre-tax contributions towards Domestic Partner health or dental expenses under the Flexible Spending Accounts Plan.</p> <p>I agree to notify the University (via the Termination of Same Sex Domestic Partnership) within 31 days if any eligibility requirements listed above and certified in this Declaration are no longer satisfied which would make the Domestic Partner no longer eligible for University sponsored benefits.</p>	
SIGNATURE OF EMPLOYEE	DATE: