



OFFICE OF HUMAN RESOURCES

APPLICATION FOR DOMESTIC PARTNER BENEFITS

1. DECLARATION:

We, _____ and _____
(Employee) (Partner)

certify that we are domestic partners in accordance with the criteria set forth below:

1. We have an exclusive mutual commitment to one another similar to that of marriage.
2. This relationship has been in existence for at least six (6) months with the expectation that it will continue indefinitely.
3. Neither one of us is legally married.
4. We are both at least eighteen years old and competent to consent to contract.
5. We are jointly responsible for one another's welfare and share financial obligations; documentation for this interdependence can be provided upon request.
6. The children listed below (if any) qualify as dependent children of the employee or the employee's domestic partner for federal income tax purposes:

2. DOCUMENTATION:

Just as with legal marriage, Utica College reserves the right to request adequate documentation of domestic partner relationships. The following would constitute valid evidence of such cohabitation/financial interdependence and will be requested as proof of relationship:

- i. Proof of cohabitation (for example, a driver's license or tax return); and
- ii. Proof of financial interdependence, as evidence by two or more of the following:
 - a. A joint bank account.
 - b. A joint credit or charge card.
 - c. Joint obligation on a loan.
 - d. Status as authorized signatory on the partner's bank account, credit card or charge card.
 - e. Joint ownership or holding of investments.
 - f. Joint ownership of residence.
 - g. Joint ownership of real estate other than residence.
 - h. Listing of both partners as tenants on a lease of the shared residence.
 - i. Shared rental payments of residence (need not be shared 50/50).
 - j. Listing of both partners as tenants on a lease, or shared rental payments, for property other than residence.
 - k. A common household and shared household expenses (for example, shared grocery, utility, telephone bills – which need not be shared 50/50)

- l. Shared household budget for purposes of receiving government benefits.
- m. Status of one as representative payee for the other's government benefits.
- n. Joint ownership of major items of personal property (for example, appliances, furniture).
- o. Joint ownership of a motor vehicle.
- p. Joint responsibility for child care (for example, school documents, guardianship).
- q. Shared child-care expenses (for example, baby sitting, day care school bills – which need not be shared 50/50).
- r. Execution of wills naming each other as executor and/or beneficiary.
- s. Designation as beneficiary under the other's life insurance policy.
- t. Designation as beneficiary under the other's retirement benefits account.
- u. Mutual grant of durable power of attorney.
- v. Mutual grant of authority to make health care decisions (for example, health care power of attorney).
- w. Affidavit by creditor or other individual able to testify to partners' financial interdependence.
- x. Other item(s) of proof sufficient to establish economic interdependency under the circumstance of the particular case.

3. TERMINATION:

We agree to notify the Office of Human Resources within thirty days of the termination of a domestic partner relationship (e.g., by death or a mutual decision to dissolve the relationship). Upon termination of a domestic partner relationship, the employ must wait at least six months before reapplying for domestic partner benefits.

4. AFFIRMATION:

We affirm that the assertions in this document are, to the best of our knowledge, true and accurate. We have provided this information for use by Utica College for the sole purpose of determining eligibility for domestic partner benefits. We understand that the information contained in this application is confidential and will not be released by Utica College unless expressly authorized by both of us, except as otherwise required by law or by the insurance carriers that provide us coverage.

Employee's signature _____

Employee's Social Security number _____

Date _____

Domestic partner's signature _____

Partner's Social Security Number _____

Date _____