



**Affidavit of Domestic Partnership
For Benefit Coverage**

I certify all of the following information to be true:

1. We share a permanent residence. (unless residing in different cities, states, or countries on a temporary basis)
2. We have been in this relationship for at least six months, and intend to remain in this relationship indefinitely.
3. Neither of us are currently married to or legally separated from another person under either statutory or common law.
4. We are at least 18 years of age and mentally competent to consent to this contract.
5. We are not related by blood to a degree of closeness that would prohibit marriage in the state in which we legally reside.
6. At least six months have passed since the termination of any previous domestic partnership.
7. We are financially **interdependent** on each other in accordance with the plan requirements outlined by The University of Toledo. Financial interdependency is demonstrated by providing **three** of the following documents showing an effective date of no less than six months ago:
 - Joint ownership of real estate property or joint tenancy on a residential lease
 - Joint ownership of an automobile
 - Joint bank or credit account
 - Joint liabilities (ex. credit cards or car loans)
 - A will designating the domestic partner as primary beneficiary
 - A retirement plan or life insurance policy designating the domestic partner as primary beneficiary
 - A durable power of attorney signed to the effect that powers are granted to one another
 - City of Toledo Domestic Partner Registration
 - One document from each person showing the same address with one document being a utility bill
8. We are providing this information to be used by the University for the sole purpose of determining our eligibility for University of Toledo benefits and we understand that the University will take reasonable steps to limit access to this information.
9. We understand that, by signing this Affidavit and as a result of the University providing benefits to us, there may be legal and tax implications; therefore, we have been advised to consult with a legal/tax advisor.
10. We certify that the information provided in all parts of this Affidavit are true, accurate, and complete. We understand that a false declaration of domestic partnership material is considered fraud and may result in disciplinary action of an employee, up to and including termination of benefits and/or employment; which includes omission of information or failure to notify the University **within 30 days** of the termination of domestic partnership status. We also agree that the University may recover damages for all losses (including paid claims, premium costs, and administration fees) and reasonable attorneys' fees incurred to recover such damages.
11. We understand the University will require periodic re-certification of eligibility for domestic partnership.

Employee Name (Print)	Rocket/SS#	Domestic Partner Name (Print)	SS#	Date of Birth
Employee Signature	Date	Domestic Partner Signature	Date	

Sworn to and subscribed in my presence this _____ day of _____
Month Year

(seal)

Signature of Notary Public

I. For premium and imputed income amounts, please review the premium sheets located on the HRTD Benefits website at <http://www.utoledo.edu/depts/hr/benefits/>

II. Return completed form to: Human Resources and Talent Development, 2801 W. Bancroft St. MS 205, Toledo, OH 43606 Fax: 419-530-1492

III. If you have any questions, please contact Human Resources and Talent Development at 419-530-4747.