

University of Wisconsin System

Affidavit of Domestic Partnership

Employee Information

Name: _____ Soc. Sec. Number: _____
Daytime Phone Number: _____ Home Phone Number: _____
Residence Address:
Street: _____
City/State: _____ Zip Code: _____

Partner Information

Name: _____ Soc. Sec. Number: _____
Daytime Phone Number: _____ Home Phone Number: _____
Residence Address:
Street: _____
City/State: _____ Zip Code: _____

Declaration

We, the undersigned _____ and _____
(Print Employee's Name) *(Print Partner's Name)*

declare that on or before _____ we agreed to live as domestic
(Insert date)

partners in a committed relationship of mutual support and caring as defined in this document, and that we have so lived since that time. We further state that since that time we have held ourselves out publicly to be each other's sole domestic partner and intend to remain in such a committed relationship for the foreseeable future. To demonstrate our status as Domestic Partners, and as proof of benefit eligibility as established by my employer, we are willing to provide **at least two** of the following documents:

Please circle the letters of all those for which you would be able to submit proof.

- a) Evidence of joint purchase and ownership of a home
- b) Notarized copy of lease naming both domestic partners
- c) Evidence of joint savings or joint checking account, that has been in effect for at least 6 months
- d) Title and registration of joint ownership of an automobile
- e) Evidence of joint use and liability for credit cards
- f) Certified copy of a life insurance policy naming domestic partner as the beneficiary
- g) Evidence that domestic partner is a beneficiary under subscriber's deferred compensation or retirement plan
- h) Evidence of durable powers of attorney per §243.07, 243.10, 155.05, and/or 155.10, Wis.. Stats.
- i) Subscriber's last will and testament evidencing that domestic partner is a major recipient of estate proceeds
- j) Other documentary evidence which depicts significant joint financial interdependency between the Employee and Domestic Partner - please describe _____

We understand that copies of these documents are not required at this time, but that the Insurer reserves the right to request copies at a later date.

DOMESTIC PARTNERS are two individuals who, together, each meet all of the following criteria:

- 1. Are 18 years of age or older.
- 2. Are competent to enter into a contract.
- 3. Are not legally married to, nor the domestic partner of, any other person.
- 4. Are not related by marriage.
- 5. Are not related by blood closer than permitted under marriage laws of the State of Wisconsin.
- 6. Have entered into the domestic partner relationship voluntarily, willingly and without reservation.
- 7. Have entered into a relationship which is the functional equivalent of a marriage, and which includes all of the following:
 - a. living together as a couple;
 - b. mutual support of each other;
 - c. mutual caring and commitment to each other;
 - d. mutual fidelity;
 - e. mutual responsibility for each other's welfare; and
 - f. joint responsibility for the necessities of life.
- 8. Have been living together as a couple for at least six (6) months prior to registration with the Subscriber's employer.
- 9. Intend to continue the domestic partner relationship indefinitely, with the understanding that the relationship is terminable at the will of either partner.

Change in Domestic Partner Status

We agree to notify the University by filing a Statement of Termination if there is any change in our status as domestic partners as attested to in this Affidavit.

After termination of this relationship, we understand that a subsequent Affidavit of Domestic Partnership cannot be filed for at least 6 months.

Acknowledgments

We understand that if the Insurer suffers any loss due to any false statement contained in this Affidavit, it may bring a civil action against either or both of us to recover its losses, including reasonable attorney's fees.

We have provided the information in this Affidavit for use by the University for the sole purpose of determining eligibility for Domestic Partner benefits.

We affirm that the information in this Affidavit is true and complete to the best of our knowledge; we acknowledge and agree to the terms stated herein; and we understand that any misrepresentation may result in loss of benefits and/or termination of employment. We understand that we are subject to the same enrollment requirements as all other employees who are covered by, or applying for, the plan.

We have read and understand the provisions of this Domestic Partner Affidavit. We agree that the giving of false, inaccurate, or misleading information may result in the payment of unauthorized benefits, and may result in legal, financial, and other penalties as provided by law. We further understand that the Insurer retains the right to verify, at any time, any and/or all of the information set forth herein. We have reviewed information we have provided herein and do hereby certify that it is true and correct to the best of our knowledge.

Employee Signature

Domestic Partner Signature

Date

Date