

## Spelman College Domestic Partnership Affidavit

Name of Employee: \_\_\_\_\_

Name of Domestic Partner: \_\_\_\_\_

I, \_\_\_\_\_, submit this Affidavit of Domestic Partnership to establish \_\_\_\_\_ as my domestic partner (as defined below) in order to obtain benefits that Spelman College may extend to employees' domestic partners.

1. I declare that my domestic partner is eligible for benefits because (you must check **one** of these):

- ☐ If required by employee's state of residence, employee and partner have registered with the appropriate state agency.
- ☐ We meet all of the following criteria:
  - We are both at least age 18.
  - Neither of us is legally married to another person of the opposite sex or in a domestic partnership with another person.
  - We are not related by blood to a degree of closeness that would prohibit marriage.
  - We are in an exclusive, committed relationship that is intended to be permanent.
  - We share a mutual obligation of support and responsibility for each other's welfare.
  - We currently share a principal residence and we intend to do so permanently.

2. I agree to notify Spelman College within 30 days of any change in the circumstances attested to in this affidavit by completing an Affidavit of Termination of Domestic Partnership.

3. Benefit changes must be made within 30 days of any change.

4. If my domestic partnership ends, I understand that another Affidavit of Domestic Partnership cannot be filed until: an Affidavit of Termination of Domestic Partnership has been completed and/or:

- ☐ The date I register a new domestic partner or enter into a civil union in a state [*or municipality*] where such registration exists.

5. I understand I may be responsible for payment of income taxes as a result of Spelman College providing benefits to my Domestic Partner and his or her children.
6. If requested, I will provide to the Plan Administrator or designated representative documents to verify my Domestic Partner's eligibility.
7. The Employee and Domestic Partner represent that the statements made herein are true and correct to the best of their knowledge, information and belief, and that consent of each party to the Domestic Partner relationship was not obtained by force, duress, or fraud. Employee and Domestic Partner understand that these statements are given for the purpose of establishing their eligibility under one or more policies of insurance or other benefits, and understand that any misrepresentation, whether or not made with intent to deceive, may result in the ineligibility of the Domestic Partner for coverage under such policy or policies, and in the voiding of such coverage.
8. I understand that providing false or misleading information in the Affidavit will be considered as intentional misrepresentation and may result in a forfeiture of any premiums paid on behalf of the Domestic Partner for any period on ineligibility.

I affirm that the assertions in this affidavit are true to the best of my knowledge.

**Employee signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Domestic Partner signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

#### **ACKNOWLEDGMENT**

**State of:** \_\_\_\_\_

**County of:** \_\_\_\_\_ **SS:** \_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me, a Notary Public, came the above named \_\_\_\_\_ and \_\_\_\_\_, before me, a Notary Public, came the above, whose identities were known or satisfactorily proven to me, who, being duly sworn according to law, executed the above affidavit for the purposes recited therein, stating that the representations made therein are true and correct to the best of their knowledge, information and belief.

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

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