

AFFIDAVIT OF DOMESTIC PARTNERSHIP OR CIVIL UNION STATUS

Personal &
Confidential

Dartmouth College

I, _____, SS# _____, declare that
_____, SS# _____, is my Domestic Partner,

meaning that [check either (a) or (b)]

- (a) We live in a committed family relationship and satisfy each of the following: We
- are each other's sole Domestic Partner,
 - are not legally allowed to marry under current laws of the state in which the employee Domestic Partner resides,
 - are not married to anyone,
 - are both age 18 or older and mentally competent,
 - share joint responsibility for one another's common welfare and basic needs,
 - are not parent, child, sibling, grandparent or any other blood relation which would bar marriage under the laws of the state in which the employee Domestic Partner resides, and
 - would marry if it were available to us under the laws of the state in which the employee Domestic Partner resides.
- (b) We are parties to a valid civil union (or similar relationship) in accordance with the laws of the jurisdiction where the civil union was entered into, and such civil union (or similar relationship) is currently in effect. (Attach documentation.)
1. I understand that, subject to the eligibility provisions of Dartmouth's benefit plans, I have the opportunity to cover my Domestic Partner under my benefit plans under the same terms and with the same privileges and restrictions that apply to other eligible dependents for these plans to the extent permissible under federal and state law.
 2. I understand that benefits I elect for my Domestic Partner using this Affidavit will remain in effect until the earlier of:
 - a. the next plan year (unless otherwise provided in a particular benefit plan),
 - b. my termination from Dartmouth College benefits due to termination of employment or ineligibility,
 - c. termination of the Domestic Partnership
 - d. death of my Domestic Partner.
 3. I understand that my Domestic Partnership ends if any of the applicable eligibility requirements specified (see (a) or (b) above) are no longer satisfied. I understand that if my relationship with the Domestic Partner I name in this Affidavit ends while I am covering my Domestic Partner under any of my benefit plans, I/we must notify the Benefits Office within 30 days of the relationship ending (and I may be required to sign an Affidavit of Termination of Domestic Partnership).
 4. I understand that under current tax regulations, Dartmouth College is required by the IRS to report as taxable income, the premium value related to covering my Domestic Partner under the benefit plans.
 5. I understand that I am legally responsible for any expenses related to the medical or dental benefits I elect for my Domestic Partner.
 6. I understand that any misrepresentation or intentional misstatement in connection herewith or in connection with the information in any Dartmouth College benefit enrollment forms or claims forms covering myself or my Domestic Partner may result in termination of employment or other disciplinary measures.
 7. I/We understand that all correspondence from Dartmouth College relating to my benefit elections will be forwarded to me at my official College address.

Employee Signature _____ Employee Name _____
(Print)

Domestic Partner Signature _____ Name _____
(Print)

On the _____ day of _____, 200____

before me personally appeared _____ and _____
known to me to be the persons who executed the foregoing documents.

State of _____ County of _____

SEAL

Notary Public

or Benefits Office Representative _____