

STATEMENT OF DOMESTIC PARTNERSHIP

I. DECLARATION

I, _____ and _____ certify that
Employee (print or type) Domestic Partner (print or type)

we are domestic partners in accordance with the following criteria:

II. REPRESENTATIONS:

1. We are each other's sole domestic partner and intend to remain so indefinitely.
2. We are of the same sex and neither of us is married.
3. Each of us is at least eighteen (18) years old and mentally competent to consent to contract.
4. We are not related by blood to a degree that closeness which would prohibit legal marriage (in the state in which we legally reside) if we were of opposite gender.
5. We reside together in the same residence and intend to do so indefinitely.
6. We are jointly responsible for each other's common welfare and share financial obligations. Joint responsibility for each other's common welfare and shared financial obligations may be demonstrated by the existence of three of the following items. We have checked below the types of documentation that we can provide if requested.
 - Domestic Partnership Agreement.
 - Joint mortgage or lease.
 - Designation of domestic partner as beneficiary for life insurance.
 - Designation of domestic partner as beneficiary for retirement death benefit..
 - Designation of domestic partner as primary beneficiary in employee's will, or of employee in domestic partner's will.
 - Durable property and health care powers of attorney.
 - Joint ownership of motor vehicle.
 - Joint checking account.
 - Joint credit account.
7. We agree to notify Human Resources if there is any change in our status as domestic partners as certified in this statement. We will notify Human Resources within thirty (30) days of such change by filing a written statement of termination of domestic partnership. The statement shall affirm that the domestic partnership status is terminated as of its date of execution and that a copy of the statement has been mailed to the other partner by the party authorizing such action. We agree that we may not declare a new domestic partner until twelve (12) months have passed.

8. We understand that any false or misleading statements made in order to receive benefits for which we do not qualify may subject the partner employed by Southern Illinois University Carbondale to disciplinary and/or legal action.

9. We have provided the information in this statement to Human Resources for the sole purpose of determining our eligibility for domestic partnership benefits and understand that this information will be held confidential to the extent allowed by law.

10. We understand and agree that the only benefits which may be made available to a domestic partner are those controlled solely by the University, such as the Student Recreation Center and Morris Library, and not benefits provided by the State of Illinois or any third party.

Date: _____

Employee Signature: _____ AIS # _____

Employing Department: _____

Domestic Partner Signature: _____ Last 4 of SSN: _____

Employee and Domestic Partner's Home Address: _____

Approved by Southern Illinois University Carbondale:

Name: _____ Date: _____