

AFFIDAVIT OF QUALIFYING DOMESTIC PARTNERSHIP

Section I: Statement of Domestic Partnership

Name of Employee – Please print M#

Name of Domestic Partner – Please print Date of Birth SSN

I certify that _____ and I are domestic partners and that we meet the following criteria: We are each other's sole domestic partner, have been in this relationship for at least six months, and intend to remain in this relationship indefinitely. Neither of us is currently married to or legally separated from another person according to either statutory or common law. We are financially interdependent on each other in accordance with the plan requirements outlined by the University of Cincinnati. We can prove our financial interdependency by providing at least three of the following documents to Human Resources (*attach to your Affidavit*): 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 (e.g., credit cards or loans, a will or retirement plan or insurance policy designating the domestic partner as the primary beneficiary or a durable power of attorney signed to the effect that we have granted powers to one another). The documents must include an effective date that substantiates the relationship has been in place in for a minimum period of six months.

Section II: Change in Domestic Partnership

I agree to notify the University of Cincinnati if there is any change in our domestic partnership status that would make the domestic partner no longer qualified for healthcare coverage within 30 days of any change.

Section III: Acknowledgement

We certify under penalty of perjury, that the foregoing is true, current and correct and that we are at least 18 years of age and are mentally competent to consent to this affidavit. I understand as an employee that willful falsification of information on this Affidavit may lead to disciplinary action, up to and including termination of employment. I have attached proof of financial interdependency.

Section IV: Signature and Date

Signature of Employee and Date

Signature of Domestic Partner and Date

Section IV Notary Witness

Sworn to me on this date

Notary Public

Notary Public's Address

Commission Expiration

10/2011 (rev)

