

STATEMENT OF DOMESTIC PARTNERSHIP**Employee** _____**Student** _____**I. DECLARATION**

We, _____ and _____ certify that
employee/student (print) domestic partner (print)

we are domestic partners in accordance with the following criteria and eligible for benefits coverage as domestic partners under the University of Chicago's benefits program:

II. STATUS

1. We are each other's sole domestic partner and intend to remain so indefinitely.
2. We are of the same gender and neither one of us is married to any other person.
3. We are at least eighteen (18) years old and mentally competent to consent to contract.
4. We are not related by blood to a degree of closeness which would prohibit legal marriage in the state in which we legally reside.
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. We have provided copies of documentation.
 - a. Domestic Partnership Agreement
 - b. Joint mortgage or lease
 - c. Designation of domestic partner as beneficiary for life insurance and retirement contract
 - d. Designation of domestic partner as primary beneficiary in employee's or student's will
 - e. Durable property and health care powers of attorney
 - f. Joint ownership of motor vehicle, joint checking account, or joint credit account
7. We understand that as domestic partners we are subject to the same window period governing all other employees and students who are covered by or applying for benefit plan coverage. For employees, any births, adoptions, and domestic partnerships are all subject to a thirty (31) day limit on the enrollment period beginning on the date of the event.

STATEMENT OF DOMESTIC PARTNERSHIP**III. CHANGE IN DOMESTIC PARTNERSHIP**

8. We agree to notify the University of Chicago Benefits Office if there is any change in our status as domestic partners as certified in this statement which would make the domestic partner no longer eligible for University benefits (for example, a change in joint-residence or if we are no longer each other's sole domestic partner.) We will notify the University within thirty (31) days of such change by filing a Statement of Termination of Domestic Partnership ("Statement of Termination"). The Statement of Termination shall affirm that the domestic partnership status is terminated as of its date of execution and that a copy of the State of Termination has been mailed to the other party by the party authorizing such action.
9. After such termination, I _____, understand that a subsequent Statement of Domestic Partnership cannot be filed until twelve months after a Statement of Termination has been filed with the University Benefits Office.

IV. ACKNOWLEDGEMENTS

10. We understand that the policy regarding documentation for domestic partners is governed by the University's policy on dependents (Personnel Policy U401.01). We also understand that any false or misleading statements made in order to receive benefits for which we do not qualify may subject the employee/student to disciplinary action.
11. We have provided the information in that statement for use by the University's Benefits office for the sole purpose of determining our eligibility for domestic partnership benefits.

Employee/student signature_____
Date_____
Employee Social Security number or student ID number_____
Employee/student and domestic partner's home address_____
Phone Number_____
Unit of employment or enrollment_____
e-mail address_____
Domestic partner signature_____
Date

Approved: For the University of Chicago

Completed form and required documentation should be emailed to benefits@uchicago.edu or fax 773-753-3319