I. Affirmation of Domestic Partnership/Adult Designee

We, ____________________________ (Employee’s Name) and
_______________________________ (Partner’s Name) declare that we are
domestic partners and:

1. Are unmarried;
2. Both are at least 18 years of age or older;
3. Mentally competent to consent to this partnership;
4. Not related by blood in the way that prohibits lawful marriage;
5. Share the same primary residence and have been in a mutually exclusive relationship for
at least the last twelve (12) months, and have plans to continue this arrangement on an
indefinite basis; and
6. Are jointly responsible for the common welfare of each other and share financial
obligations.

II. Change in Domestic Partnership

1. We agree to notify the Utah State University Office of Human Resources in writing
within thirty (30) calendar days of any change in our status as domestic partners (for
example, if we no longer share the same principal residence); or if we wish to terminate
domestic partner benefits. We will complete the Termination of Domestic
Partnership/Adult Designee form within thirty (30) calendar days of the termination.

III. Dependent(s) of Domestic Partners/Adult Designees

1. We declare as eligible dependent(s):

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

(Name[s] and birthdates of child[ren], and initials of both partners)

IV. Forms of Documentation required to add a Domestic Partner/Adult Designee to
Utah State University’s medical, dental and/or life insurance

Any of the following must be submitted to the Office of Human Resources:

• At least three of the following: joint mortgage, lease, utility bills, phone listing, bank
account, credit account, ownership of motor vehicle, or other documents that would
conclusively establish residency at the same address; or
• Designation of the domestic partner as a primary beneficiary for a life insurance
policy or retirement contract; or
• Durable power of attorney for health care or financial management;
1. We understand that the information contained in this Affidavit relates to eligibility for medical, dental and life insurance benefits. Any other use of this information will be subject to disclosure only upon written authorization, or as required by law.

2. We understand that a civil action may be brought against us for any losses, including attorney fees and court costs, because of willful falsification of information contained in this Affidavit of Domestic Partnership/Adult Designee.

3. We understand that the value of insurance benefits provided to the domestic partner/adult designee is considered taxable income to the employee by the Internal Revenue Service and is subject to all applicable federal, state, and local tax withholding.

4. We acknowledge Utah State University’s advice that we consult an attorney before signing this document.

We affirm, under penalty of perjury, that the assertions in the Statement are true and correct. We understand that any misrepresentation of fact may result in loss of benefits, disciplinary action, and that the employee is responsible for reimbursement to Utah State University for any cost involved in providing benefit coverage.

__________________________________________________  ____________
Employee Signature         Date

__________________________________________________  ____________
Domestic Partner/Adult Designee Signature     Date

__________________________________________________  ____________
Human Resource Representative       Date