

DECLARATION OF DOMESTIC PARTNERSHIP

I. Statement of Domestic Partnership

We, _____ and _____,
employee (print) domestic partner (print)

state that we are domestic partners in accordance with the criteria in Section II below and apply for eligibility in select employee benefit plans as exclusively determined by The George Washington University.

Certification of Domestic Partnership

- A. We will have been each other's sole domestic partner for at least six (6) months at the time benefits coverage is effective.
- B. We are currently each other's sole domestic partner and intend to remain so indefinitely.
- C. We are at least 18 years of age and mentally competent to consent to a legally binding contract.
- D. We share the same primary residence and intend to do so indefinitely.
- E. Neither one of us is legally married.
- F. We are not related by blood to a degree of closeness which would prohibit legal marriage in the state in which we legally reside.
- G. We are jointly responsible for each other's common welfare and share financial obligations.
- H. We can provide our government issued domestic partnership certificate.
- I. If we do not have a government issued certificate, we can in lieu of the certificate demonstrate our joint responsibility for each other's common welfare and financial obligations by providing proof of the existence, for a minimum of six (6) months preceding the execution of this declaration, of at least three of the following:
 - i. joint mortgage or lease or other written evidence of common residence, such as joint utility bills;
 - ii. joint checking account;
 - iii. joint credit account;
 - iv. joint ownership of motor vehicle;
 - v. designation of domestic partner as primary beneficiary in will;
 - vi. designation of domestic partner as primary beneficiary of life insurance policy or retirement plan funds;
 - vii. durable property or health care power of attorney;

II. Dissolution of Domestic Partnership

- A. I, _____, agree that in the event of a Dissolution of Domestic Partnership I will
employee (print)
- notify the Benefits Administration within 30 days of the date of the event by filling out the Dissolution of Domestic Partnership form located on the benefits web site and process the Dissolution of Domestic Partnership life event in the benefits enrollment system. Coverage for the former partner will terminate under the University's active employee health coverage on the last day of the month.

III. Financial Implications

- A. We, _____ and _____,
employee (print) domestic partner (print)
- understand that the employee may incur additional tax obligations as a result of the coverage of the domestic partner, and that the University may be required to report as income and withhold additional taxes from the employee's paycheck based on the value of the benefits.
- B. We also understand that, as a result of a false statement in this Declaration by either declarant, the University reserves the right to take any and all actions necessary to recover sums for benefits to which a person was not entitled and to take disciplinary action up to and including termination of employment.

