

American Association of University Professors

STATEMENT OF DOMESTIC PARTNERSHIP

I. DECLARATION

We. _____ and _____ , certify that we are domestic
(employee) (domestic partner)
partners in accordance with the following criteria and eligible for an annual contribution from the American Association of University Professors to defray the costs of the domestic partner's own purchase of health insurance:

II. STATUS

- 1 . Neither of us is married or related to the other by blood or marriage.
2. We are each other's sole domestic partner.
3. We live together in the same residence and intend to do so indefinitely.
4. We are responsible for each other's welfare and share financial obligations, as evidenced by three of the following types of documentation, which we will provide if requested:
 - a. Joint mortgage or lease
 - b. Designation of domestic partner as beneficiary for life insurance
 - c. Designation of domestic partner as primary beneficiary in employee's will
 - d. Domestic partnership agreement
 - e. Powers of attorney for property and health care
 - f. Joint ownership of motor vehicle, joint checking account, or joint credit account
5. We certify that the subsidy will be used solely to purchase health insurance for the domestic partner. We agree to furnish the Association evidence of insurance payments.