

Northwestern University

<p>NORTHWESTERN UNIVERSITY Declaration of Same-Sex Domestic Partner Relationship Please type or print</p>

STUDENT OR EMPLOYEE INFORMATION

NAME:	STATUS:
	Student Employee
SOCIAL SECURITY NUMBER:	CAMPUS PHONE NUMBER:
	DEPT. OR SCHOOL:
SCHOOL OR HOME ADDRESS:	DATE OF BIRTH:

DOMESTIC PARTNER INFORMATION

NAME:	SOCIAL SECURITY NUMBER:	DATE OF BIRTH:
-------	-------------------------	----------------

CERTIFICATION

<p>I _____ and _____ certify that we live in a committed relationship and are each other's Domestic Partner in accordance with the following criteria and are eligible for University benefits as Domestic Partners. We</p> <hr/> <ul style="list-style-type: none"> • Are each other's sole Domestic Partner and intend to remain so indefinitely • Are of the same sex • Are not legally married to anyone • Are both age 18 or older and mentally competent to consent • Are not related by blood to a degree of closeness which would prohibit legal marriage in the state in which we legally reside • Would marry or establish a legally recognized Domestic Partnership if it were available to us under the laws of the state in which we live • Are jointly responsible for each other's common welfare and share financial obligations which could be demonstrated upon request by providing proof of the existence of at least three of the following (please check): <ul style="list-style-type: none"> joint mortgage or lease or other appropriate written evidence of common residence such as joint utility bills designation of Domestic Partner as primary beneficiary in either: <ul style="list-style-type: none"> - My or my Domestic Partner's will, or - Life Insurance, or - Retirement Plan durable property or health care power of attorney joint ownership of motor vehicle joint checking account or joint credit account 	
SIGNATURE OF STUDENT OR EMPLOYEE	SIGNATURE OF DOMESTIC PARTNER
DATE:	DATE:

CHANGE IN DOMESTIC PARTNERSHIP

<p>I agree to notify the University within 31 days if any eligibility requirements listed above and certified in this Declaration are no longer satisfied which would make the Domestic Partner no longer eligible for University sponsored benefits.</p>
<p>I understand if I elect to cover my Domestic Partner under any of the University's Health or Dental Plans and if the relationship ceases that I may elect to continue the coverage for my Domestic Partner and other covered dependent children for up to 36 months by paying the premium directly to the University. This provision does not apply to the Student Hospitalization or Visiting Scholar Plans.</p>

I understand if the Domestic Partner relationship terminates that a subsequent Declaration of Same Sex Domestic Partnership can be filed after twelve months after a Statement of Termination of the previous partnership has been submitted to the University.

ACKNOWLEDGMENT

I understand that I have the opportunity to cover my Domestic Partner under University benefits plans under the same terms and with the same privileges and restrictions that apply to spouses and eligible dependent children, I understand that benefits I elect for my Domestic Partner using this Declaration will remain in effect as long as I meet the eligibility requirements.
I understand that Northwestern University is required by the Internal Revenue Service (IRS) to report as taxable income the premium value related to covering my Domestic Partner under the employee health or dental benefit plans. This provision does not apply to the Student Hospitalization or Visiting Scholar programs.

SIGNATURE OF STUDENT OR EMPLOYEE	DATE
----------------------------------	------