



AFFIDAVIT OF DOMESTIC PARTNERSHIP

I. INTRODUCTION

Wesleyan University provides benefited coverages for domestic partners of Wesleyan Faculty and Staff and for their dependent children, as defined by the criteria set forth below, on the same terms and conditions as benefits coverages are provided married spouses of Wesleyan Faculty and Staff and their dependent children.

II. DECLARATIONS

We, _____ and _____ certify that
(Employee) (Partner)

in accordance with the criteria set forth below, we are domestic partners and that the following children:

Name: _____ Age: _____

Name: _____ Age: _____

are dependent children of the domestic partner of the Faculty or Staff member.

III. STATUS

1. We are at least eighteen (18) years of age and mentally competent to consent to contract;
2. We are not legally married to each other and neither of us is legally married to any other person;
3. We are not related by blood to any degree that would bar marriage in the state of Connecticut (Connecticut General Status Section 46b-21);
4. We reside together in the same residence and have so resided for the last six (6) months;
5. We intend to reside together in the same residence indefinitely;
6. We are each other's sole domestic partner and intend to remain so indefinitely and have an exclusive mutual commitment to each other similar to that of marriage;
7. We are jointly responsible for each other's common welfare and financial obligations;
8. The children listed as dependent children qualify as the dependent children of the employee or the employee's domestic partner for federal income tax purposes.

IV. CHANGE IN DOMESTIC PARTNERSHIP

9. We agree to notify Wesleyan University if our status as domestic partners or the dependency status of children of the employee's domestic partner, as attested to in this Affidavit, would make us no longer eligible for benefits. We will notify Wesleyan University within thirty (30) days of a change in the domestic partnership by filing a Statement of Termination of Domestic Partnership with the Human Resources Office. The Statement of Termination of Domestic Partnership shall affirm that the domestic partnership status is terminated as of the date of its execution and that a copy of the Statement has been mailed, postage repaid, or hand-delivered to the other partner by the party authorizing such action. I, the employee, understand that another Affidavit of Domestic Partnership cannot be filed until six (6) months after a statement of termination of the previous partnership has been filed with the Human Resources Office.

V. ACKNOWLEDGEMENTS

10. We acknowledge that any person/employer/company who suffers any loss due to any false statement contained in this Affidavit may bring a civil action against either or both of us to recover their losses, including attorneys' fees; and that any such false statement could result in discipline of the faculty or staff member by Wesleyan University, including termination of employment.
11. We have provided the information in this Affidavit for use by Wesleyan University for the sole purpose of determining our eligibility for domestic partnership benefits. We understand that the information contained in this Affidavit is confidential and will not be released by Wesleyan University unless expressly authorized by either or both of us, except as otherwise required by law or by the health or dental insurance carrier that provides us coverage.
12. We acknowledge that our domestic partnership has been entered into voluntarily and willingly;
13. We understand that this Affidavit may create between us certain contractual rights and legal obligations and that Wesleyan University has encouraged us to seek independent legal advice about those rights and obligations;
14. We affirm, under the penalty of perjury, that the assertions in this Affidavit are true to the best of our knowledge.

Please Type or Print

Faculty or Staff Member		
Print Name	Signature	Address

Domestic Partner		
Print Name	Signature	Address