



Domestic Partnership Affidavit

Name of Employee: _____

Name of Domestic Partner: _____

The undersigned Employee and Domestic Partner, being of sound mind, having been duly sworn (or making affirmation) under law, hereby state the following:

1. That the undersigned Employee and Domestic Partner share a single permanent residence and have done so continuously for at least the past 12 months; and that such residence is owned by or leased to the Employee and Domestic Partner as joint tenants.

2. That the undersigned Employee and Domestic Partner are jointly the holders of the following joint credit or bank accounts, at least one of which is a checking account ***[list by bank/issuer name and account number]***:

3. ***[Check all that apply]***

____ That the undersigned Employee has designated Domestic Partner as beneficiary of the following life insurance policies ***[list by insurance company, policy number and amount]***:

____ That the undersigned Domestic Partner has designated Employee as beneficiary of the following life insurance policies ***[list by insurance company, policy number and amount]***:

____ The the undersigned Employee has designated Domestic Partner as executor and/or residuary beneficiary of his/her estate under a last will and testament dated _____.

____ The the undersigned Domestic Partner has designated Employee as executor and/or residuary beneficiary of his/her estate under a last will and testament dated _____.

4. That the undersigned Employee and Domestic Partner have agreed to assume financial responsibility for the welfare of the other.

5. That the undersigned Employee and Domestic Partner ***[check one]***:
 ____ have filled a domestic partner declaration with the [City/County/Borough] of _____, and that such domestic partner declaration remains in effect.
 ____ do not reside in a jurisdiction which provides for the registration of domestic partnership declarations.
6. That neither the undersigned Employee nor Domestic Partner would be able to affirm paragraphs 1 through 5 above with respect to any person except the other.
7. That neither the undersigned Employee nor Domestic Partner has executed or filed a declaration affidavit of domestic partner status with any other person within the past 12 months.
8. That the undersigned Employee and Domestic Partner are each no less than 18 years of age, and are under no legal disability which would prevent them from making this affidavit.
9. That neither the undersigned Employee nor Domestic Partner are now, or have been within the past 12 months, married to any other person, including a common law marriage.
10. That the undersigned Employee and Domestic Partner are not related by blood in any degree which would prevent their marriage to each other.

The Employee and Domestic Partner represent that the statements made herein are true and correct to the best of their knowledge, information and belief, and that consent of each party to the Domestic Partner relationship was not obtained by force, duress, or fraud. Employee and Domestic Partner understand that these statements are given for the purpose of establishing their eligibility under one or more policies of insurance issued by The Foundation for Advanced Education in the Sciences (FAES), and understand that any misrepresentation, whether or not made with intent to deceive, may result in the ineligibility of the Domestic Partner for coverage under such policy or policies, and in the voiding of such coverage. The employee and Domestic partner agree to furnish upon FAES' request evidence to substantiate any statement made herein, and that FAES requires the Employee and/or Domestic Partner, if living, to reaffirm all statements made herein every two years. In the event any coverage is voided due to any misrepresentation herein, FAES' liability shall be limited to a return of any premiums paid on behalf of the Domestic Partner for any period of ineligibility.

Date _____

Date _____

Employee

Domestic Partner

Acknowledgement

State of _____

County of _____

On this _____ day of _____, 20____, before me, a Notary Public, came the above named _____ and _____, whose identities were known for the purpose recited therein, stating that the representations made therein are true and correct to the best of their knowledge, information and belief.

Notary Public

My Commission Expires: _____