

Statement of Domestic Partnership

Declaration:

We, _____ and _____ certify that we are domestic partners in accordance with the following criteria:

Criteria

1. We have an exclusive mutual commitment, similar to that of marriage.
2. We are each other's sole domestic partner and intend to remain so indefinitely.
3. Neither one of us is legally married.
4. We are not related by blood to the degree of closeness, which would prohibit legal marriage in the state in which we legally reside.
5. We are at least eighteen (18) years of age and are legally competent to contract.
6. We are currently residing together and have resided together in a common household for at least six (6) consecutive months and intend to reside together indefinitely.
7. Share joint responsibility for our own common welfare, living expenses, and financial obligations. Joint responsibility for each other's common welfare and financial obligations may be demonstrated by the existence of at least three of the following. We have circled the types of documentations that we will provide, if required.
 - a. Qualifying Domestic Partnership Agreement
(NOTE: A qualifying domestic partnership agreement is a legally binding agreement between two individuals creating personal and financial interdependence (i.e., joint and several liabilities for each other's debts and expenses; responsibility for mutual care)
 - b. Co-parenting agreement
 - c. Adoption agreement
 - d. Joint deed, mortgage agreement or lease
 - e. Joint ownership of motor vehicle
 - f. Joint bank account
 - g. Joint credit account or liability
 - h. Designation of domestic partner as primary beneficiary for life insurance
 - i. Designation of domestic partner as primary beneficiary of retirement contract
 - j. Designation of domestic partner as primary beneficiary in will
 - k. Durable property or health care power of attorney

Acknowledgements

By signing this statement, I declare and acknowledge my understanding that:

1. Aetna permits enrollment of a same sex domestic partner. Aetna permits enrollment of an opposite sex domestic partner.
2. Domestic partners are subject to the same plan and provisions, which govern all other participants in the benefit plan programs. The plan documents and insurance contracts govern all questions of coverage
3. We understand that the Institute may change its rules on domestic partners and any other aspect of benefit plans and programs at any time.
4. The Institute is not legally required to offer COBRA continuation rights to domestic partners and their eligible children.
5. We affirm and declare that the statements made above are true and complete to the best of our knowledge
6. This additional benefit may be subject to state or federal income tax.
7. Domestic Partnership ends, specifically, when cohabitation ceases. You must notify Human Resources within 30 days of such an event. If you are uncertain about your Domestic Partnership status, please contact Human Resources to discuss your situation.

Faculty/Staff/Member Signature

Domestic Partner Signature

Print Name

Print Name

Date

Date

Dependent Certification (complete only if DP or DP children are your dependent):

I, _____, certify the following individuals are my dependent and therefore the value of their health insurance benefit should not be added to my income as imputed income:

Name relationship

Name relationship

Name relationship

Name relationship

Signature Date

Civil Union Certification

I, _____, certify that my domestic partner and I have a Civil Union recognized as such in the State of New Jersey.

Signature Date