

**Temple University
Declaration of Domestic Partner Status**

We, the undersigned, each represent that we have assumed legal responsibility for each other's common welfare and financial obligations; and that by the execution of this Declaration of Domestic Partner Status form, we are declaring a legally binding relationship with each other to the extent permitted by law. We further represent that:

1. Each of us is presently unmarried, at least (18) eighteen years of age, and legally competent to enter into a spousal relationship;
2. We are unrelated to each other by blood or adoption;
3. Each is the sole Domestic Partner of the other partner, with whom we have maintained a close committed and exclusive personal relationship, and have been a member of this Domestic Partnership for at least six (6) months;
4. We agree to be jointly responsible for the common welfare and basic living expenses of each other as demonstrated by three (3) or more of the following documents (check the appropriate boxes), copies of which are submitted herewith:

- Domestic Partnership agreement;
- Joint mortgage, lease or deed for the primary residence of the domestic partnership;
- Reciprocal wills;
- Reciprocal durable powers-of-attorney;
- Reciprocal medical powers-of-attorney;
- Joint ownership of an automobile;
- Joint checking or savings account; and
- Joint credit account.

5. We agree and understand that we will meet the requirements of any applicable federal, state, or local laws or ordinances for Domestic Partnerships.

We understand that as Domestic Partners, we are subject to the same window period governing all other employees who are covered by or applying for benefit plan coverage.

We agree to notify the Temple University Human Resources Benefits Office if there is any change in our status as Domestic Partners.

We have provided the information in this Declaration of Domestic Partner Status form for use by the University's Human Resources Benefits Office for the sole purpose of determining our eligibility for insurance benefits under the IBC Domestic Partner endorsement. We agree to furnish any additional information requested by IBC to demonstrate our financial interdependence or to evaluate the current status of our Domestic Partner relationship.

Employee Name (please print)

Domestic Partner Name (please print)

Employee Signature

Domestic Partner Signature

Employee TUID

Domestic Partner's Social Security Number

Domestic Partner's Date of Birth

Date Signed

Requested Coverage Effective Date

Sworn and subscribed before me under penalty of perjury in the Commonwealth of Pennsylvania, this
_____ day of _____, 20__.

Notary Public