



DECLARATION OF DOMESTIC PARTNERSHIP

I. Statement of Domestic Partnership

We, _____ and _____,
employee (print) domestic partner (print)
state that we are domestic partners in accordance with the criteria in Section II below and apply for eligibility in select employee benefit plans as exclusively determined by The George Washington University.

II. Certification of Domestic Partnership

- A. We will have been each other's sole domestic partner for at least six (6) months at the time benefits coverage is effective.
- B. We are currently each other's sole domestic partner and intend to remain so indefinitely.
- C. We are at least 18 years of age and mentally competent to consent to a legally binding contract.
- D. We share the same primary residence and intend to do so indefinitely.
- E. We are of the same sex and neither one of us is legally married.
- F. We are not related by blood to a degree of closeness which would prohibit legal marriage in the state in which we legally reside.
- G. We are jointly responsible for each other's common welfare and share financial obligations.
- H. We can and will, upon request, demonstrate our joint responsibility for each other's common welfare and financial obligations by providing proof of the existence, for a minimum of six (6) months preceding the execution of this declaration, of at least three of the following:
 - i. joint mortgage or lease or other written evidence of common residence, such as joint utility bills;
 - ii. joint checking account;
 - iii. joint credit account;
 - iv. joint ownership of motor vehicle;
 - v. designation of domestic partner as primary beneficiary in will;
 - vi. designation of domestic partner as primary beneficiary of life insurance policy or retirement plan funds;
 - vii. durable property or health care power of attorney;

III. Termination of Domestic Partnership

A. We agree to notify the University, through a memorandum to its Benefits Office, if there is any change in our status as domestic partners, as stated in this declaration, which may make the domestic partner no longer eligible for University benefits. We understand that this memorandum must include language stating the author's understanding that the University will send a copy of it to the other declarant if the eligibility for benefits of the domestic partner is terminated. We agree to notify the University within 30 days of this change in our status. We understand that coverage for the former partner of the University employee will terminate under the University's active employee health coverage on the last day of the month that eligibility for that coverage ceased.

B. I, _____, understand that a subsequent Declaration of
employee (print)
Domestic Partnership cannot be filed until at least six (6) months after the date of the memorandum terminating the domestic partnership established by this Declaration.

IV. Financial Implications

A. We, _____ and _____,
employee (print) domestic partner (print)
understand that the employee may incur additional tax obligations as a result of the coverage of the domestic partner, and that the University may be required to report as income and withhold additional taxes from the employee's paycheck based on the value of the benefits.

B. We also understand that, as a result of a false statement in this Declaration by either declarant, the University reserves the right to take any and all actions necessary to recover sums for benefits to which a person was not entitled and to take disciplinary action up to and including termination of employment.

V. Acknowledgement

We, _____ and _____, declare
employee (print) domestic partner (print)
under penalty of perjury that the statements above are true and correct.

Employee's Signature

Date

Employee's Social Security Number

Domestic Partner's Signature

Date

Domestic Partner's Social Security Number

Domestic Partner's Date of Birth

Employee's/Domestic Partner's Home Address

Received by GW Benefit Services Office:

Signature

Title

Date