

University of Denver Affidavit of Domestic Partnership

I. Declaration

We, _____ and _____, certify
Employee print Domestic Partner print

that we are domestic partners in accordance with the following criteria and are eligible for benefits coverage as domestic partners under the University of Denver benefits program.

II. Criteria

1. We are each other's sole domestic partner and intend to remain so indefinitely.
2. We are of the same or opposite sex and neither one of us is

III. Termination of Domestic Partnership

We agree to notify the University of Denver Benefits Office if there is any change of circumstances attested to in this affidavit, within thirty (30) days of that change, by filing a *Statement of Termination of Domestic Partnership*. The signed Termination Statement shall be provided to the University Benefits Office and shall affirm that the partnership is terminated and that a copy of the Termination Statement has been mailed to the other partner.

IV. Acknowledgements

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

1. The University of Denver reserves the right to request proof that our partnership meets the joint responsibility and shared financial obligation criteria.
2. Domestic partners are subject to the benefit plan guidelines that govern all participants in the University's benefits programs. The availability of benefit coverage depends on legal and contractual requirements of the applicable benefit plan.
3. The University of Denver advises us to consult with an attorney regarding the legal consequences of signing this affidavit.
4. An employee's domestic partner and the dependent children of the employee's domestic partner may not qualify as dependents of the employee under Section 152 of the Internal Revenue Code, and therefore the value of premiums for insurance coverage and the value of tuition waivers may be considered as taxable wages paid to the employee for purposes of income tax withholding and employment taxes.
5. The information provided in this affidavit is for use by the Benefits Office for the sole purpose of determining our eligibility for domestic partnership benefits.
6. In the event that any statement by either of us is false, each of the undersigned (i) acknowledges that the employee may be subject to disciplinary action and (ii) agrees to indemnify and provide restitution to the University for any loss, expenditure or benefit (including without limitation reimbursement of tuition revenue waived by the University) resulting from or attributable to such false statement.

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I. Acknowledgement

I affirm that the statements made above are true and complete to the best of my knowledge.

Signature of Employee Date

DU/Banner ID #

STATE OF COLORADO)
) ss.
COUNTY OF DENVER)