

DECLARATION OF DOMESTIC PARTNERSHIP

Date _____

Employee Name _____

Employee ASU I.D. Number _____

Partner Name _____

Partner's Dependent Children (If applicable)

NAMES	BIRTHDATES
_____	_____
_____	_____
_____	_____

We the undersigned, declare that we are domestic partners, as established by the following criteria:

1. We share a residence.
2. We are jointly responsible to each other for the necessities of life. We are producing three of the following documents as evidence of our joint responsibility with this declaration:
 - a. Joint mortgage or joint tenancy on a residential lease;
 - b. Joint bank account;
 - c. Joint liabilities; e.g., credit cards or car loans;
 - d. Joint ownership of significant property; e.g., cars;
 - e. Durable property or health care powers of attorney;
 - f. Documents naming each other as primary beneficiary in our wills, life insurance policies or retirement annuities;
 - g. Written agreements or contracts showing mutual support obligations or joint ownership of assets acquired during the relationship.
3. We are not married and neither of us has any other domestic partners.
4. We are not related by blood closer than permitted under Arizona marriage laws.
5. We are at least 18 years of age.
6. We have the capacity to enter into a contract and are competent to commit to and consent to a domestic partnership.
7. We are engaged in a long-term committed relationship and intend to remain together indefinitely.
8. The children identified above qualify as dependents under IRS regulations.

We agree to notify Arizona State University within thirty (30) days of the termination of our domestic partnership under the above criteria by filing a Notice of Termination of Domestic Partnership with the Vice Provost of Academic Personnel. We understand that an employee cannot register another domestic partner for six months following the filing of a Notice of Termination of a Domestic Partnership.

We understand that a false declaration of a domestic partnership, or failure to timely inform Arizona State University of the termination of a domestic partnership, may result in disciplinary action of the employee, up to and including dismissal. We agree that in the event of a false declaration, Arizona State University may recover damages for all losses and reasonable attorneys' fees incurred by the university to recover such damages.

We acknowledge and understand that Arizona State University has advised us to consult with an attorney regarding the legal consequences of signing this declaration.

We provide this information for the sole use of Arizona State University and for the sole purpose of determining our eligibility for domestic partner benefits provided by Arizona State University. If we do not provide this information, we understand we will not be eligible for domestic partner benefits. We understand that this declaration constitutes private information under Arizona Board of Regents Policy 6-912 and will not be disclosed to anyone outside of Arizona State University except as required by Arizona law.

Signature of Employee

Signature of Partner

Please submit completed form and documentation to:
Beverly Buddee, The University Provost Office, Mail Code 7805
or call 480.965.7405 for more information.

REQUEST FOR DOMESTIC PARTNER BENEFITS

As a benefits-eligible employee at Arizona State University, I am requesting the following benefit(s) for my domestic partner and his/her dependent(s):

_____ **Qualified Tuition Reduction Program**
Subject to the applicable admission standards, my domestic partner and/or his/her dependent(s) may enroll in courses at ASU per the applicable employee cost outlined in University policy SPP 505.

_____ **Subsidy for Health Insurance**
Subject to ASU's annual determination of the employer portion of monthly cost of health insurance under the applicable EPO and PPO plans, I will receive a monthly subsidy in a gross amount equal to the difference between the employer portion for individual coverage of my current health plan and the employer portion for family coverage of that health plan.

In making this request, I certify that my domestic partner is not currently receiving health insurance coverage through his or her employer. ASU reserves the right to inspect/audit billing receipts for health insurance policy.

I hereby certify under penalty of perjury that the information that I have provided in this application for domestic partner benefits is true and correct. I further acknowledge that I am aware that providing false information may subject me to a denial benefits, disciplinary action and potential prosecution pursuant to ARS §13-2310, §13-2311 or §13-2702 and other applicable provision of the law.

By participating in one or both of these benefit programs, I acknowledge and understand that Arizona State University will report the dollar value of the benefits received as taxable wages to me. I further acknowledge and understand that Arizona State University will withhold all applicable federal and state withholding from my wages.

I agree to complete all forms necessary to effectuate the receipt of the selected benefit program.

Employee Name

ASU ID No. _____

Employee Signature

Date: _____

For Human Resources Use Only:
Account Code

Please submit completed form to:
Beverly Buddee, The University Provost Office, Mail Code 7805
or call 480.965.7405 for more information.