OHIO UNIVERSITY
Human Resources

Domestic Partner Enrollment Form

Ohio University Employee:_____
Last Name First Name M.I. Social Security Number

_____
Address Phone Number

Domestic Partner: _____
Last Name First Name M.I. Social Security Number

_____
Address Phone Number

Domestic Partner's Dependent Children:

_____
Last Name First Name M.I.

_____
Last Name First Name M.I.

_____
Last Name First Name M.I.

For your Domestic Partner, complete section A and Section B (if it applies) below.

A. Domestic Partner Certification

I hereby certify that the above named person and I meet all of the eligibility requirements as "Domestic Partners" under Ohio University's policy as set forth in the Affidavit of Domestic Partnership, including acknowledgment of financial responsibility for each other. I understand that (1) falsely certifying eligibility or failing to inform Ohio University if we cease to meet eligibility requirements in any respect could result in disciplinary action, including termination of employment, (2) that Ohio University may ask me to provide evidence that the eligibility requirements are being met, (3) that, unless my Domestic Partner is a tax-qualified dependent, Ohio University's cost of providing these benefits to my Domestic Partner is considered taxable income to me, and (4) that it is possible that this Certification of Domestic Partnership could be used as evidence by creditors of my Domestic Partner.

Signature of Faculty or Staff_____Date:_____

Signature of Domestic Partner_____Date:_____

B. Domestic Partner Certification as a Tax-Qualified Dependent

I have read the "Tax Information Sheet for Domestic Partner's and, based on consultation with a tax advisor, I certify that the previously named person whom I am enrolling for coverage is my legal tax dependent under IRS Sec. 152. I understand that falsely certifying dependency status could result in disciplinary action (including termination) from Ohio University, as well as potential charges of tax fraud. I further agree to notify Ohio University immediately of any change in this tax status.

Signature of Faculty or Staff_____Date:_____

Approved: For Ohio University

Name:_____Date:_____