



Affidavit of Domestic Partnership

I, _____, hereby certify that _____
Ohio University Employee (Print) Domestic Partner (Print)

1. is my domestic partner and that we share a regular and permanent residence, and
2. Have a committed personal relationship for at least six months, and
3. Can demonstrate financial interdependence as required below, and
4. Are not related by blood, not legally married, nor in a domestic partnership with anyone else.

Demonstrating Financial Interdependence: We share financial obligations, as demonstrated by the existence of at least two of the following conditions (please check those that apply)

- a. We have common or joint ownership of a residence (house, condominium, or mobile home). (Deed/Title)
- b. Joint ownership of a motor vehicle (Title)
- c. Joint checking account (Bank Statement)
- d. Joint credit account (Statement)
- e. Residential lease identifying both partner as tenants (Lease)
- f. My domestic partner has been designated as a primary beneficiary of at least one of the following:
 - i. My Ohio University Group Term Life Insurance
 - ii. My will
 - iii. A Trust

NOTE: At least two (2) Documents are required to prove the existence of the above-mentioned conditions.

Should my domestic partnership terminate, I agree to file, within 30 days an Affidavit of Termination of Domestic Partnership with Ohio University Human Resources Benefits Office affirming that the domestic partnership has been terminated and that a copy of the Affidavit of Termination of Domestic Partner Status has been mailed to my previous partner.

I understand that another Affidavit of Domestic Partnership cannot be filed until six (6) months after the most recent domestic partnership has been terminated. I also understand that an Affidavit of Termination of Domestic Partner Status must be filed with Ohio University Human Resources Benefits Office and also mailed to the previous domestic partner.

I understand the information in this affidavit will be used by the University for the sole purpose of determining my eligibility for domestic partnership benefits. This information will be treated as confidential to the extent permitted by Ohio law and will be used solely for the administration of benefits by Ohio University Human Resources Benefits Office. I understand that availability of these benefits is based on eligibility requirements and subject to changes in program provisions and Ohio Law.

I, the undersigned Ohio University employee understand that willful falsification of information on this affidavit may lead to disciplinary action, up to and including discharge from employment.

Signature of Ohio University Employee OHIO EE ID # Date of Birth Date

Signature of Witness Date