

**St. John Fisher College
Affidavit of Domestic Partnership**

Declaration

We, _____, and _____ (each, a “Domestic Partner”), certify that we are Domestic Partners _____ are jointly responsible for the financial obligations of the household (or one of us is chiefly dependent upon the other for financial assistance).

4. Neither of us is married to anyone. We are each other’s sole Domestic Partner indefinitely.
5. We are not related by blood closer than would bar marriage under New York law.
6. We are both at least eighteen (18) years of age and are legally competent to enter into this agreement.

Dependent Criteria

For another member of our family to receive coverage, we understand that the family member must:

1. Be unmarried;
2. Receive 50% of his or her support from the employee Domestic Partner
3. Live in our household as his or her principal place of residence (unless he or she lives at school or lives elsewhere as the result of divorce or separation);
4. Not be employed on a full-time basis, except on school vacations; and
5. Be under age 19 (or under age 26 while a full-time student).

Change in Domestic Partner and/or Dependent Status

We acknowledge that, in the event we no longer meet the criteria set forth above, we will no longer be considered Domestic Partners, and the non-employee Domestic Partner will no longer be eligible for any College benefits.

We agree to provide a **Statement of Termination of Domestic Partnership** to the Human Resources/Benefits Department within 30 days of any such change in circumstances which would result in the termination of the non-employee Domestic Partner.

We each agree to notify the other in writing if and when such a change in Domestic Partner status is so reported to the College.

St. John Fisher College Benefits

We understand that this Affidavit must be filed in order for a Domestic Partner to be **eligible** for coverage under the College benefit plans and that filing this Affidavit does not enroll us in any such plans. We understand that we will need to complete the enrollment paperwork in order to enroll a Domestic Partner in any College benefit plan. Additionally, we acknowledge that filing this Affidavit does not automatically result in the naming of the non-employee Domestic Partner as a beneficiary for the employee Domestic Partner’s Life Insurance, 403(b) Plan or any other College benefit plan. The employee Domestic Partner must complete the appropriate beneficiary designation form in order for the non-employee Domestic Partner (or any other named beneficiary) to receive survivor benefits.

Other Acknowledgments

1. We affirm under penalty of perjury, that the assertions in the Affidavit are true to the best of our knowledge. Any statements on this Affidavit which are known to be false may be cause for disciplinary action, including loss of benefits or termination of employment.
2. The information provided in this Affidavit is **confidential** and intended for use by the College for the sole purpose of determining our eligibility for College benefits as Domestic Partners. No other parties have access to this Affidavit.
3. We understand that the employee Domestic Partner will be taxed on applicable imputed income from the premium paid by the College on behalf of the non-employee Domestic Partner and the employee Domestic Partner will not be eligible to pay the portion of health care and dental premiums attributable to the non-employee Domestic Partner on a pre-tax basis. We met with the St. John Fisher College Payroll Director on _____ (date) to review the specific tax implication of adding domestic partner benefits.

St. John Fisher College Affidavit of Domestic Partnership

Important Note:

You are urged to seek appropriate advice before signing this Affidavit. Please be advised that some courts have recognized non-marriage relationships as the equivalent of marriage for the purposes of establishing and dividing joint property. There may also be other implications to signing this document.

Employee Information	Domestic Partner Information
Signature	Signature
Name(Printed)	Name(Printed)
Address	Address
City State ZIP	City State ZIP
Social Security Number	Social Security Number
Home Phone Number	Home Phone Number
Date signed	Date signed

State of _____

County of _____