

**University of Illinois
Affidavit of Domestic Partnership**

Employee Information

Name (Last, First, Middle Initial):			University ID Number:
Address:			
City:	State:	Zip:	Day Phone:

Domestic Partner Information

Name (Last, First, Middle Initial):	Birth Date:
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Domestic Partner's Dependent Children

Name (Last, First, Middle Initial):	Birth Date:

The children identified above are:

- a) qualified and claimed as IRS-defined dependents by the domestic partner, and
- b) members of the household of the employee, and
- c) unmarried and under the age of 19 (if a full-time student, up to age 23).

DECLARATION

We the undersigned, declare that:

1. We are each other's sole domestic partner and intend to remain so indefinitely.
2. We are the same sex and for this reason are unable to marry each other under Illinois law.
3. Neither of us is legally married to anyone.
4. Each of us is at least eighteen (18) years old and mentally competent to consent to this contract.
5. We are not related by blood to a degree of closeness that would prohibit legal marriage in the state of Illinois.
6. We have been residing together for at least 6 months at the same residence and intend to do so indefinitely.

7. We are jointly responsible for each other's common welfare and shared financial obligations may be demonstrated by the existence of at least three of the following. *(Chicago employees eligible to register with the Cook County registry for same-sex couples may produce a Cook County domestic partnership certificate in lieu of the following items.)* We have circled below the three types of documentation submitted with this form. We understand that this affidavit will not be approved without the documentation.
- a. Domestic Partnership Agreement
 - b. Joint mortgage or lease
 - c. Designation of domestic partner as primary beneficiary in either my or my domestic Partner's will, or life insurance, or retirement contract
 - d. Durable property and health care powers of attorney
 - e. Joint ownership of motor vehicle
 - f. Joint checking account or joint credit account
8. We agree to notify the Office of Human Resources if there is any change in our status as domestic partners as certified in this statement. We will notify Human Resources within thirty (30) days of such change by filing a statement of Termination of Domestic Partnership, which will make the domestic partner no longer eligible for University sponsored benefits. The statement of Termination shall affirm that the domestic partnership status is terminated as of its date of execution and that a copy of the statement of Termination has been provided to the other partner by the party authorizing such action.
9. We understand that any false or misleading statements made in order to receive benefits for which we do not qualify may subject the partner employed by the University of Illinois to disciplinary action.
10. We have provided the information in this statement for the sole purpose of determining our eligibility for domestic partnership benefits. We understand that this information will be held confidential insofar as the law allows and will otherwise be subject to disclosure only upon our expressed written authorization.
11. We understand and agree that the only benefits that may be available to a domestic partner are those controlled solely by the University, and are not benefits provided by the State of Illinois.
12. We acknowledge the University's advice that we consult with a legal advisor before signing this document.

Employee Signature: _____ Date: _____

Domestic Partner Signature: _____ Date: _____

Subscribed and Sworn to before me
this _____ day of _____, _____.

Notary Public

Approved for the University of Illinois by:

Name: _____ Date: _____
Human Resource Director or Designee