

Affidavit of Domestic Partnership



UNIVERSITY OF NORTHERN COLORADO

UNIVERSITY OF
NORTHERN
COLORADO

Office of Human Resources
Carter Hall, Room 2002
Greeley, CO 80639

PURPOSE

The definition of "Domestic Partner" for purposes of this Affidavit shall be an individual, irrespective of gender, who lives together with another individual who is an "Employee" of the University of Northern Colorado as defined in Board Policy Section 2-2-308(1)(a) in a long-term relationship of indefinite duration with an exclusive mutual commitment in which each Domestic Partner agrees to be jointly responsible for the other's common welfare and to share financial obligations

ATTESTATION

We, the Employee and the Domestic Partner (as hereinafter identified), certify and attest under penalty of perjury that the following is true and correct:

- We are both at least eighteen (18) years of age, and we are mentally competent to contract.
- Neither of us is legally married to another person, nor is either of us a member of another domestic partnership.
- We are sole Domestic Partners and we have been living together as Domestic Partners in a shared residence for at least twelve (12) consecutive months preceding the date of this Affidavit. We have been sole Domestic Partners living together continuously since _____ (month/day/year), and we intend to remain sole Domestic Partners indefinitely.
- We are not related by blood closer than permitted by state law for marriage in the State of Colorado.
- We are jointly responsible for each other's common welfare as evidenced through two (2) of the following: a joint deed, joint mortgage, joint lease, joint credit card, joint bank account, designation of Domestic Partner as beneficiary for a life insurance or retirement contract, designation of Domestic Partner as primary beneficiary in the Employee's will, joint designation of durable powers of attorney authorizing each of us to act on behalf of the other (such joint designation to constitute but one form of documentation), jointly named on auto, renters or homeowners insurance policies. (We understand that the University may require submission of documentation regarding the existence of two (2) of the above described items.)
- We understand and agree that if insurance benefits or tuition grants are fraudulently obtained or provided to us as a result of our declarations contained in this Affidavit, we will be jointly liable for any benefits received through insurance procured or tuition grants under this Affidavit, including attorneys' fees that may be incurred by the University in collection of such fraudulently obtained benefits or grants. In addition, the Employee may be subject to disciplinary action, up to and including termination of employment.
- It has been at least twelve (12) months since a previous Statement of Termination of Domestic Partnership from either of us has been filed with the University (if applicable).
- We understand that a Domestic Partner enrolled as a dependent ceases to be an eligible member on the first day of the month following the termination of such domestic partnership and that the Employee agrees to submit a Statement of Termination of Domestic Partnership form and an Enrollment Application/Change Form within thirty-one (31) days of the termination of the domestic partnership.

(Signature Page to Follow)

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IN WITNESS WHEREOF, I have executed this Affidavit on this _____ day of _____, _____.

Employee Name

Signature

The foregoing Affidavit was subscribed and sworn to before me in the County of _____,
State of Colorado, this _____ day of _____, _____.

[SEAL]

Notary Public

My Commission Expires:

IN WITNESS WHEREOF, I have executed this Affidavit on this _____ day of _____, _____.

Domestic Partner Name

Signature

The foregoing Affidavit was subscribed and sworn to before me in the County of _____,
State of Colorado, this _____ day of _____, _____.

[SEAL]

Notary Public