

EMORY UNIVERSITY
STATEMENT OF SAME-SEX DOMESTIC PARTNERSHIP

Return to: Emory University Benefits Department, 1599 Clifton Rd NE, First Floor, Atlanta, GA 30322

Employee _____ Social Security Number _____

Home Address _____

Domestic Partner _____ Social Security Number _____

A. DEFINITION OF DOMESTIC PARTNER

Emory defines a “domestic partner” as the partner of an eligible employee who is of the same sex, sharing a long term committed relationship of indefinite duration with the following characteristics:

- Having an exclusive mutual commitment similar to that of marriage.
- Have residence in the same household.
- Financially responsible for each other’s well-being and debts to third parties. This means that you have entered into a contractual commitment for that financial responsibility or have joint ownership of significant assets (such as home, car, bank accounts) and joint liability for debts (such as mortgages and major credit cards).
- Neither partner is married to anyone else nor has another domestic partner receiving benefits.
- Partners are not related by blood closer than would bar marriage in the state of their residence.

B. PARTNER CERTIFICATION

I hereby certify that the above named person and I meet all of the eligibility requirements as “domestic partners” under Emory’s policy as set forth in Section A under the Definition of Domestic Partner, including acknowledgement of financial responsibility for each other. I understand that (1) falsely certifying eligibility or failing to inform Emory if we cease to meet eligibility requirements in any respect could result in disciplinary action, including termination of employment, (2) that Emory may ask me to provide evidence that the eligibility requirements are being met, and (3) that, unless my partner is a tax-qualified dependent, Emory’s cost of providing these benefits to my partner is considered taxable income to me.

C. CHANGE IN DOMESTIC PARTNERSHIP

We agree to notify Emory University if there is any change in our status which would make the domestic partner and/or other partner’s dependent(s) no longer eligible for University benefits (for example, if we no longer share financial obligations or if we are no longer each other’s sole domestic partner). We will notify Emory University within 31 days of such change by filing a Statement of Termination of Same-Sex Domestic Partnership (“Statement of Termination”). 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 will be mailed to the other party by the party by the party authorizing such action. A subsequent statement can be filed at any time as long as eligibility requirements are met.

We, _____ and _____, understand that if we are not living in the same metropolitan area state, or country, due to job or other circumstances but meet all other definitions of Domestic Partnership as set forth in Section A. additional documentation will be required to substantiate the partnership; such as an in-state, county or country residential lease agreement from the location outside the metropolitan area. We understand we will need to contact the benefits department for more information.

Signature of Employee _____ Date _____

Signature of Domestic Partner _____ Date _____

Notary _____ Date _____

Accepted by _____

Human Resources