



EMPLOYEE SERVICES

AFFIDAVIT FOR SAME GENDER DOMESTIC PARTNERSHIP

INSTRUCTIONS

- 1. Complete this form if you want to enroll as a Same Gender Domestic Partner.
2. Submit this form and a copy of either (1) a Certificate of Domestic Partnership issued by the City Clerk of the City of Boulder, or (2) a Certificate of Committed Partnership issued by the Clerk of the City and County of Denver
3. The termination of Same Gender Domestic Partnership must be declared to the University of Colorado within thirty-one (31) days of such termination or change and you must provide a Certificate of Termination of Committed Partnership issued by the Clerk of the City and County of Denver.
4. Review, SIGN and Date the backside of this form.

EMPLOYEE INFORMATION

Name (Last) (First) (Middle Initial) HRMS Employee ID Number

Date of Birth (mm/dd/yyyy) Date of Employment Campus Department Campus Telephone

ENROLLMENT TYPE

- Declaring Same Gender Domestic Partnership Effective Date
Termination of Same Gender Domestic Partnership Effective Date

I. ELIGIBILITY CRITERIA

The following criteria were established by the Board of Regents for the purpose of determining eligibility for coverage under the medical, dental, vision and/or life plans offered by the University of Colorado for same gender domestic partners of University employees, retirees and/or for the dependent children of same gender domestic partners.

- A. University employee/retiree is eligible for same gender domestic partner coverage if the employee/ retiree is enrolled in the University's medical, dental, vision and/or life insurance plans, has a same gender domestic partnership and has shared a principal residence for more than one year with his or her domestic partner.
B. The term "dependent children," for the purpose of determining coverage for the dependent children of an eligible domestic partner, is defined in the same manner as the term "dependent children" is defined in the University's medical, dental, vision and life plans for determining coverage for the dependent children of a spouse.

II. DOCUMENTATION OF A DOMESTIC PARTNERSHIP

University employees retirees and their same gender domestic partners who wish to establish that they have a Same Gender Domestic Partnership as required in ELIGILITY CRITERIA, A. above, must submit to Employee Services the Affidavit of Same Gender Domestic Partnership and a copy of either (1) a Certificate of Domestic Partnership issued by the City Clerk of the City of Boulder, or (2) a Certificate of Committed Partnership issued by the Clerk of the City and County of Denver.

III. DECLARATION OF SAME GENDER DOMESTIC PARTNERSHIP

For the purpose of establishing eligibility for enrollment in a medical, dental, vision and/or life plan offered by the University of Colorado and for no other purpose, we make the following declaration.

I, _____, an employee/retiree of the University of Colorado, and my domestic partner, _____, hereby declare that:

- 1. The employee/retiree is enrolled in a University of Colorado medical, dental, vision and/or life insurance plan;
2. That we identify as the same gender;
3. That we are at least 18 years of age and are mentally and otherwise competent to enter into a contract in the State of Colorado;
4. Neither of us is married to or legally separated from any other person and neither of us is engaged in another domestic partnership;

- 5. We are not related by blood to a degree of closeness which would prohibit legal marriage in the state in which we legally reside.
- 6. We have shared a principal residence for more than one year and currently reside at: _____ ; and
- 7. We have submitted the required documentation.

IV. SUBMISSION OF DOCUMENTS TO ESTABLISH ELIGIBILITY

By signing this Affidavit, we declare and acknowledge our understanding that the University of Colorado reserves the right to request proof that our domestic partnership meets the standards enumerated in Section I. For establishing eligibility for enrollment in a medical, dental, vision and/or life plan offered by the University of Colorado, including requests for copies of the documents cited in Section II.

V. NOTIFICATION OF CHANGE IN OR TERMINATION OF SAME GENDER DOMESTIC PARTNERSHIP

- A. We agree that, if this domestic partnership is terminated, we will notify the University of Colorado within thirty-one (31) days of such termination or change by submitting a copy of the Certificate of Termination of Committed Partnership issued by the Clerk of the City and County of Denver.
- B. The employee/retiree understands that termination of health, dental and/or life coverage obtained as a result of this Certificate will be effective on the last day of the month during which the domestic partnership ends or at such time as coverage terminates in accordance with the terms and conditions of applicable policies. Receipt by Employee Services of a copy of the copy of the Certificate of Termination of Committed Partnership issued by the Clerk of the City and County of Denver shall be deemed conclusive evidence of the termination of the domestic partnership status for purposes of this benefit.

VI. ACKNOWLEDGEMENTS

- A. We understand that the information provided in this Declaration will be treated as confidential by Employee Services but will be subject to disclosure:
 - 1. upon the express written authorization of the undersigned employee/retiree or
 - 2. if otherwise required by law.
- B. We understand that this Declaration may have implication to the taxability of benefits provided. We understand that before signing this Declaration we should seek tax advice concerning such matters. We acknowledge that the University of Colorado has provided us with no advice in this regard.
- C. We affirm that the assertions made herein are true and correct to the best of our knowledge.

VII. AUTHORIZATION and SIGNATURE

Employee Signature	Employee Printed Name	Date
Domestic Partner Signature	Domestic Partner Printed Name	Date

VIII. NOTORIZATION – FOR ENROLLMENT PURPOSES ONLY

The foregoing instrument was acknowledged before me this ____ date of _____, 20__ by _____ and _____ as their own free act and deed.

My Commission Expires: _____
 Date _____ Notary Public _____

For ES use only:

Received by: _____ Date: _____
 Documentation Received:
 Certificate of Domestic Partnership/Committed Partnership
 Tax Certification
 Enrollment/Change Form