



## Affidavit of Domestic Partnership – Declaration of Establishment or Termination

### Instructions

Complete this affidavit to declare the establishment or termination of a domestic partnership for purposes of [dependent eligibility](#) for a domestic partner. Once completed, signed and notarized, return to Employee Services via the secure upload in your employee portal:

1. **Log into** your [employee portal](#) (my.cu.edu)
2. **Click** on the *CU Resources Home* drop-down menu
3. **Select** Forms > Benefits > Dependent Eligibility
4. **Complete** the form and **upload** all documents (signed and notarized affidavit and all supporting documentation)

### Employee Information – complete all information

Name (Last)	(First)	(Middle Initial)	Employee ID Number (6 digits)
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Date of birth (mm/dd/yyyy)	Date of employment (mm/dd/yyyy)	Preferred Telephone	Preferred Email
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### Affidavit type – check one

<input type="checkbox"/> Declaring <b>existence</b> of domestic partnership	Effective date of <b>existence</b> : _____
<input type="checkbox"/> Declaring <b>termination</b> of domestic partnership	Effective date of <b>termination</b> : _____

### Declaration to Establish Existence of Domestic Partnership

For the purpose of establishing [dependent eligibility](#) at 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. We have an exclusive mutual commitment.
2. We are each other's sole domestic partner and intend to remain so indefinitely.
3. Neither of us is legally married, a partner in a civil union, or a partner in another domestic partnership.
4. We are at least eighteen (18) years of age and are legally competent to enter into a contract in the state of Colorado.
5. We are not related by blood to a degree of closeness, which would prohibit legal marriage in the state of Colorado.
6. We have shared a principal residence for at least twelve (12) consecutive months, intend to reside together indefinitely, and currently reside at: \_\_\_\_\_
7. We share joint responsibility for our common welfare, living expenses, and financial obligations and will provide Employee Services with adequate documentation regarding this joint responsibility.
8. If we terminate our domestic partnership, we will notify the University of Colorado within thirty-one (31) days by providing an affidavit declaring the termination of our domestic partnership.



## Declaration to Establish Termination of Domestic Partnership

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

1. We have terminated our domestic partnership.
2. We understand that termination of health, dental and/or life coverage obtained as a result of this termination 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.
3. We understand that a subsequent affidavit declaring a domestic partnership cannot be filed until at least twelve (12) months after the submission of this affidavit terminating a domestic partnership has been received by Employee Services.

## Acknowledgements

1. We understand that the benefits policies, contracts, and University policies govern all questions of eligibility and coverage of domestic partners.
2. We understand that the University of Colorado reserves the right to modify its policy on domestic partners at any time.
3. We understand that making any false or misleading declarations or acknowledgments in this affidavit or failure to timely notify the University of Colorado of termination of the domestic partnership may result in disciplinary action against the University of Colorado employee.
4. We understand that this affidavit and the receipt of benefits may create or impact legal and tax obligations, rights, duties, and/or liabilities. We acknowledge that the University of Colorado has not provided us with advice regarding these issues and the University of Colorado has advised us to seek individual legal and tax advice. Please refer to the [CU Payroll Imputed Income website](https://www.cu.edu/employee-services/payroll/pay/imputed-income) for information on how covering a domestic partner will impact how your benefits are taxed (<https://www.cu.edu/employee-services/payroll/pay/imputed-income>).
5. We understand that the information provided in this affidavit will be treated as confidential by Employee Services but will be subject to disclosure:
  - a. upon our express written authorization or
  - b. If otherwise required by law

**Continue to the next page for signatures and notarization.**

Only affidavits with all three pages completed will be accepted.



### Employee Signature and Notarization

I affirm and declare that the information in the affidavit is true and complete to the best of my knowledge:

\_\_\_\_\_  
employee signature                      employee printed name                      date

State of \_\_\_\_\_ County of \_\_\_\_\_

Sworn and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ by  
\_\_\_\_\_.

Witness my hand and official seal.

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
Commission Expiration

### For Terminations Only: Check if applicable

\_\_\_\_\_ If only I have signed above, and my domestic partner is not deceased, I hereby affirm that I have attempted to notify my domestic partner of the termination of the domestic partnership by mailing or emailing them a copy of this Affidavit of Domestic Partnership.

### Domestic Partner Signature and Notarization

I affirm and declare that the information in the affidavit is true and complete to the best of my knowledge:

\_\_\_\_\_  
domestic partner signature                      domestic partner printed name                      date

State of \_\_\_\_\_ County of \_\_\_\_\_

Sworn and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ by  
\_\_\_\_\_.

Witness my hand and official seal.

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
Commission Expiration