

# Princeton University

## Statement of Domestic Partnership

### Declaration

We, \_\_\_\_\_ and \_\_\_\_\_ certify that  
(print student's name) (print domestic partner's name)  
we are domestic partners in accordance with the following criteria.

### Criteria

1. We have an exclusive mutual commitment, similar to that of marriage.
2. We are each other's sole domestic partner and intend to remain so indefinitely.
3. We are of the same sex and neither one of us is legally married.
4. We are not related by blood to a degree of closeness which would prohibit legal marriage in the state in which we legally reside.
5. We are at least eighteen (18) years of age and are legally competent to contract.
6. We are currently residing together and have resided together in a common household for at least six (6) consecutive months and intend to reside together indefinitely.
7. It has been at least 6 months since the Office of Risk Management has received a Statement of Termination of a previous domestic partnership from either of us (if applicable).
8. We share joint responsibility for our common welfare, living expenses, and financial obligations. Joint responsibility for each other's common welfare and financial obligations may be demonstrated by the existence of at least three of the following. We have circled the types of documentation that we will provide.
  - a. Qualifying Domestic Partnership Agreement  
NOTE: A qualifying domestic partnership agreement is a legally binding agreement between two individuals creating personal and financial interdependence (i.e., joint and several liability for each other's debts and expenses; responsibility for mutual care, etc.).
  - b. Co-Parenting Agreement
  - c. Adoption Agreement
  - d. Joint deed, mortgage agreement, or lease
  - e. Joint ownership of a motor vehicle
  - f. Joint bank account
  - g. Joint credit account or other liability
  - h. Designation of domestic partner as primary beneficiary for life insurance
  - i. Designation of domestic partner as primary beneficiary of retirement contract
  - j. Designation of domestic partner as primary beneficiary in will
  - k. Durable power of attorney for property or health care

### Change in Domestic Partnership

We agree to notify the Princeton University Office of Risk Management if there is any change in our status as domestic partners as certified and acknowledged in this statement. We will notify the University within thirty-one (31) days of such change by filing a "Statement of Termination of Domestic Partnership". Coverage in the Student Health Plan or Optional Vision or Dental Plans will end on the last day of the month in which the partnership ends.

After submitting a Statement of Termination of Domestic Partnership, I \_\_\_\_\_,  
(print student's name)  
understand that a subsequent Statement of Domestic Partnership cannot be filed until at least 6 months after a Statement of Termination has been received by the Princeton University Office of Risk Management.

## Acknowledgements

1. Domestic partners are subject to the same plan provisions and requirements as a spouse. All students are subject to a thirty-one (31) day limit on the enrollment period beginning on the date of the approval of the Statement of Domestic Partnership. The plan documents and the insurance contracts govern all questions of coverage.
2. Princeton University reserves the right to request proof that my partnership meets the joint residency (criterion 6) and financial interdependence (criterion 8) eligibility criteria, and I agree to provide Princeton University with supporting documents.
2. It is our understanding that the value of the contributions made by Princeton University toward the cost of domestic partner coverage for the Optional Vision and Dental Plans is treated as taxable income to my domestic partner unless my domestic partner qualifies as a dependent under Internal Revenue Code 152. The same rule applies to the coverage for the dependent children of my domestic partner. However, Princeton University will not assume any responsibility for any tax obligation that might result for me or for my domestic partner from these acknowledgements.
3. We have provided the information in this Statement knowing the Princeton University will be relying on the acknowledgements made in this Statement and will be granting certain University privileges and benefits to us based on such reliance.
4. We understand that making any false or misleading declarations and acknowledgements in this Statement of Domestic Partnership or failure to notify the University of any change in status as domestic partners could result in the University undertaking disciplinary action against me.
5. We understand that the University may change its rules on domestic partners.
6. We affirm and declare under penalty of perjury that the statements made above are true and complete to the best of our knowledge. We understand that it is possible that this statement could impose on either of us obligations to the domestic partner, the domestic partner's children, or to the creditors of our domestic partner. These obligations include the economic consequences of a marital relationship, such as responsibility for each other's debts, joint ownership of property acquired during the relationship, equitable distribution of such jointly owned property and/or continuing financial support obligations upon termination of the relationship, rights to pension accruals and rights in a domestic partner's estate.

Student signature \_\_\_\_\_ Domestic partner signature \_\_\_\_\_

Print name \_\_\_\_\_ Print name \_\_\_\_\_

Social Security # \_\_\_\_\_ Social Security # \_\_\_\_\_

Date \_\_\_\_\_ Date \_\_\_\_\_

### Approved for Princeton University:

#### Office of Risk Management

Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_ Title \_\_\_\_\_

Copy of form sent to Student Health Plan Office \_\_\_\_\_ Date \_\_\_\_\_