



AURORA UNIVERSITY

**STATEMENT OF DOMESTIC PARTNERSHIP**

(Please print)			
<b>Employee Name:</b>	_____	_____	M F
	(First, Middle Initial, Last)	(Soc. Sec. Number)	Gender
<b>Partner Name:</b>	_____	_____	M F
	(First, Middle Initial, Last)	(Soc. Sec. Number)	Gender

We affirm or attest that we:

- Are at least 18 years of age.
- Are competent to contract at the time the domestic partnership statement is completed.
- Are not legally married to any other person, and not related in a way that would prohibit marriage in the States of Illinois or Wisconsin.
- Are each other's sole domestic partner.
- Share permanent residence.
- Are in a relationship of mutual support, caring, and commitment, and intend to remain in such a relationship for the foreseeable future.

**Domestic Partnership Verification:**

We understand that, upon request, we may be asked to produce the following documents:

**One of the following...**

- Civil Union License or Registration
- Domestic Partnership Certificates or Registration
- Proof of Commitment Ceremony (printed invitation, announcement, etc.)
- Marriage Certificate
- A legal document issued by a governmental body equivalent to a marriage certificate

**Or any two of the following...**

- Revocable living trust or living trust agreement (naming each other)
- Durable power of attorney or living will (naming each other)
- Joint tenancy documents verifying partners have previously lived together for a period of time
- Joint utility bills
- Assignment of life insurance documents (naming each other)
- Joint bank account documents
- Joint legal guardianship of children
- Will, drawn up by an attorney, bequeathing personal belongings to one another
- Joint ownership of a vehicle

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We understand that the employee is obligated to file a Notice of Termination of Eligibility with the plan administrator within 30 days of the earliest of (a) the death of a Domestic Partner, (b) the date on which we no longer meet the criteria for domestic partnership set forth above, in order to protect COBRA-like continuation of benefits rights granted by the university.

We understand that acknowledging our Domestic Partner relationship in this Statement may subject us to legal obligations to each other, taxing authorities, or other third parties, and that we should consult an attorney to learn the extent of those obligations.

We understand that Aurora University will keep enrollment forms and Statements of Domestic Partnership confidential. The information will be utilized within Human Resources, Payroll and Accounting only for the purposes of implementing and administering benefits, and as required or permitted by law.

**We hereby affirm that the information stated herein is true and correct to the best of our knowledge. We agree to notify Human Resources of any changes in the status of the Domestic Partnership relationship.**

_____	_____
Employee Signature	Date
_____	_____
Partner Signature	Date

Filed in Human Resources:

Date \_\_\_\_\_ Initials of HR Representative \_\_\_\_\_