

DOMESTIC PARTNER DECLARATION

Important Notice: You may want to seek tax and legal advice before signing this Declaration to ensure that you understand the possible tax and legal effects of this declaration of a Domestic Partner relationship.

Employee/Postdoc/Clinical Fellow Name	WUSTL ID #
Address	
Street	City
State	Zip Code

Domestic Partner Name	Date of Birth / /
Address	
Street	City
State	Zip Code

I declare that the person listed above is my domestic partner and that we have an insurable interest in one another's lives. I also declare that the following are true statements with regard to our domestic partnership.

- We are each other's sole domestic partner and are in a committed, long-term relationship.
- Neither of us is legally married.
- We are not related by blood to a degree that would prohibit legal marriage in the state in which we reside (does not apply to Maine residents).
- We are both at least 18 years old.
- We are each other's domestic partner and we intend to continue as domestic partners indefinitely.
- We share a primary residence with each other.
- We are financially dependent on one another in that we have mutually agreed to be responsible for each other's common welfare, basic living expenses and financial obligations (debts) to third parties.

Eligible child(ren) of my domestic partner: (List name and date of birth for each child)

I understand that I must provide proof of residency for my domestic partner. Examples of the types of documents that can be provided in the domestic partner's name to verify residency are 1) copy of driver's license, 2) copy of lease/mortgage, 3) copy of a utility bill, or 4) copy of an account statement.

I understand that my domestic partner is eligible for health/dental insurance, dependent life insurance, and dependent tuition assistance, and has access to campus libraries and athletic facilities under the same conditions as a spouse. I further understand that, unless I provide proof of dependent eligibility for federal tax purposes, the health/dental premiums for my domestic partner will be deducted from my paycheck on an after-tax basis and the University's contribution towards my domestic partner's portion of the total cost of health/dental insurance will be added as imputed income to my taxable income.

I understand that I have an obligation to notify WUSTL's Benefits Office if there is a change in my domestic partnership status and I understand that domestic partner coverage will terminate if the above conditions are no longer met, provided that coverage has not otherwise been terminated. I further understand that if there is a reconciliation after my domestic partner has already been dropped from my health/dental coverage due termination of the domestic partner relationship, I will not be able to add the same domestic partner back to my health/dental coverage until the next annual open enrollment period.

By signing below, I acknowledge that all information I have given is true and complete to the best of my knowledge and belief.

Employee/Postdoc/Fellow Signature	Print Name	Date Signed
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Return form to your Benefits Office (Danforth - Box 1190/Fax 314-935-8198; Med School - Box 8002/Fax 314-362-2500)