

ALLEGHENY COLLEGE
AFFIDAVIT OF MARRIAGE OR DOMESTIC PARTNERSHIP
Effective for all employees as of July 1, 2007

SECTION I (Applicant Information for Benefit Eligibility)

Employee Information:

Employee: _____
Social Security Number: _____
Address: _____

Spouse or Domestic Partner Information:

Spouse/Partner: _____
Social Security Number: _____
Address(if different): _____

SECTION II (Relationship Certification)

We, the above parties, hereby declare that we are a Spouse or Domestic Partner and further declare that we meet the following criteria of a Marriage or Domestic Partnership:

- 1) We are married under applicable law or are each other's sole Domestic Partner and intend to remain so indefinitely.
- 2) Neither one of us is legally married to any other individual, and if previously married, a legal divorce or annulment has been obtained, or the former spouse or partner is deceased.
- 3) We are at least eighteen (18) years old and are mentally competent to enter into a contract according to the laws of the state in which we reside.
- 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 not in this relationship solely for the purpose of obtaining benefits.
- 6) We are jointly responsible for each other's welfare and share financial obligations and intend to do so indefinitely. The document circled below is provided to the College as evidence of our interdependence and is included as an attachment to this signed Affidavit:
 - a. Marriage License; or
 - b. Notarized Domestic Partnership Agreement or Proof of Registry with a Domestic Partner Registry.

If neither document from 6a or 6b above is provided, then two documents circled below are provided as evidence of our interdependence and are included as an attachment to this signed Affidavit:

- c. Current joint mortgage, title to real estate which is the primary residence or joint lease for residence by both partners;
- d. Evidence of durable powers of attorney for property and health care;
- e. Evidence of joint ownership of motor vehicle, jointly held bank accounts, joint credit account; or evidence of designation of Spouse or Domestic Partner as primary beneficiary for life insurance or retirement plan;

- f. Such other proof as is sufficient to establish economic interdependency under the circumstances of the particular case at the discretion of the Director of Human Resources.

SECTION III (Change in Marriage Status or Domestic Partnership)

We agree to notify Allegheny College if there is any change in our status as Spouse or Domestic Partner as certified in this statement which would make the Spouse or Domestic Partner no longer eligible for benefits offered by Allegheny College. We will notify the College within thirty-one (31) days of such change by submitting to the Office of Human Resources an Affidavit of Termination of Domestic Partnership or a Divorce Decree. The Affidavit shall affirm that the domestic partnership status is terminated as of its date of execution and that a copy of the Affidavit of Termination or Divorce Decree has been mailed to the other party by the employee authorizing such action.

SECTION IV (Acknowledgements)

1. **False Information** *If we supply false information in this Affidavit, submit fraudulent benefit claims, or fail to notify the College of any termination of our Marriage or Domestic Partnership, the College may recover any benefits improperly paid, initiate disciplinary action against the employee, or take other action it may deem appropriate. We agree to indemnify, jointly and severally, the College and its Benefit Providers for any expenses or liabilities they incur as a result of any misrepresentations or inaccuracies made in this Affidavit concerning our Marriage or Domestic Partnership.*
2. **Certification** *We certify that any and all representations that we have made and information that we have provided as part of this Affidavit as evidence of our Marriage or Domestic Partnership are true and accurate to the best of our knowledge and belief, and that any documents attached hereto or provided to Allegheny College upon request are authentic.*
3. **Confidentiality** *We understand this application and the information contained in it has been provided for use by Allegheny College and its benefit providers only for the purpose of determining our eligibility for benefits, and such information will be kept confidential by the College, except as necessary to provide benefits coverage.*
4. **Tax Status of Health Care Premiums** *We understand that the Internal Revenue Service regulations do not exempt benefit premiums paid by an employer on behalf of an employee's domestic partner. For this reason the College must automatically include the value of any health contribution or COBRA equivalent in my taxable income.*

Employee's Signature

Date

Spouse's Signature

Date

Domestic Partner's Signature

Date