



Affidavit of Domestic Partnership

Employee's Name

Employee's UNC PID

Section 1 - This affidavit applies to the following University-sponsored benefit plans (please check all that apply):

- Group Term Life Insurance (MetLife)
- Dental Insurance (MetLife)

This affidavit is to be completed by both the employee and the declared domestic partner. The affidavit must be notarized.

You should seek legal advice before signing this affidavit to ensure that you understand the possible legal effects of this acknowledgement of a domestic partner relationship.

Section 2 – Domestic Partnership Requirements

We certify that:

- 1.) we have an exclusive mutual commitment to share responsibility for each other's welfare and financial obligations which has existed for at least 12 months prior to the enrollment in the plans listed in Section 1 and which commitment is expected to last indefinitely;
- 2.) we have lived together in the same residence for at least the last 12 months prior to the enrollment of the plans listed in Section 1;
- 3.) we are each 18 years of age or older;
- 4.) neither of us is married;
- 5.) we are not related by blood
- 6.) neither of us has had another domestic partner within 12 months prior to the enrollment in the plan listed in Section 1.

We also certify that two or more of the following exist as evidence of joint responsibility for basic financial obligations (Please check those items that apply):

- joint mortgage or lease
- designation of domestic partner as durable power of attorney or health care proxy
- joint wills or designation of domestic partner as executor and /or primary beneficiary
- joint bank account, joint credit cards or other evidence of joint financial responsibility
- designation of the domestic partner as beneficiary for life insurance or retirement benefits
- other evidence that establishes economic interdependence (please specify in Section 4)

Please note: If enrolling for Group Term Life Insurance, at least one of the above must be either: (1) a joint mortgage or lease, or (2) designation of the domestic partner as durable power of attorney or health care proxy.



Section 3 - Declaration of Domestic Partner

We declare that the statements in Section 2 are true and correct. We have read and understand the terms and conditions contained in this affidavit. We understand that any misrepresentation of fact can result in the loss of coverage and liability for incorrect benefit payments.

(1) Print Employee Name _____

Employee Signature _____ Date _____

(2) Print Domestic Partner Name _____

Domestic Partner Signature _____ Date _____

(3) Address of Employee and Domestic Partner _____

(4) On what date did your domestic partnership begin _____

Section 4 – Additional Information (if necessary)

Section 5 – Notarization

State of _____ County of _____

On this _____ day of _____ in the year of _____, before

me _____ personally appeared _____

personally known to be (or proved to me on the basis of satisfactory evidence) the persons whose name are subscribed to this instrument and acknowledged that they executed it.

Signature and Seal of Notary Public

Return the original notarized affidavit, along with the corresponding benefit enrollment forms to the Office of Human Resources, Benefits Department, Campus Box 1045.