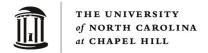


## **Affidavit of Domestic Partnership**

Employee's Name	Employee's UNC PID
Section 1 - This affidavit applies to the following Uncheck all that apply):	niversity-sponsored benefit plans (please
□ Group Term Life Insurance (MetLife)	
□ Dental Insurance (MetLife)	
This affidavit is to be completed by both the employ affidavit must be notarized.	vee and the declared domestic partner. The
You should seek legal advice before signing this af possible legal effects of this acknowledgement of a	
Section 2 – Domestic Partnership Requirements	S
We certify that:	
<ol> <li>we have an exclusive mutual commitment to and financial obligations which has existed in the plans listed in Section 1 and which coefficient in the plans listed in Section 1;</li> <li>we have lived together in the same residence enrollment of the plans listed in Section 1;</li> <li>we are each 18 years of age or older;</li> <li>neither of us is married;</li> <li>we are not related by blood</li> <li>neither of us has had another domestic part in the plan listed in Section 1.</li> </ol>	for at least 12 months prior to the enrollment ommitment is expected to last indefinitely; see for at least the last 12 months prior to the
We also certify that two or more of the following exifinancial obligations (Please check those items that	
<ul> <li>□ joint mortgage or lease</li> <li>□ designation of domestic partner as durable powe</li> <li>□ joint wills or designation of domestic partner as e</li> <li>□ joint bank account, joint credit cards or other evid</li> <li>□ designation of the domestic partner as beneficiar</li> <li>□ other evidence that establishes economic interde</li> </ul>	xecutor and /or primary beneficiary lence of joint financial responsibility y for life insurance or retirement benefits

**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	
Sectio	n 4 – Additional Information (if necessary)	
Sectio	n 5 – Notarization	
State o	ofCounty of	
On this	s day of, be	fore
me	personally appeared	
•	ally known to be (or proved to me on the basis of satisfactory evidename are subscribed to this instrument and acknowledged that the	, .
Signati	ure 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.