

Affidavit of Domestic Partnership

Employee's Name

Employee PID

Section 1 – Affidavit Purpose

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

- ☐ UNC Voluntary Group Term Life Insurance and Voluntary AD&D (Securian)
- ☐ Dental Insurance (MetLife Dental)

This affidavit is to be completed by both the employee and the declared Domestic Partner. The affidavit must be signed by both before submitting it to the UNC Benefits Team.

You may seek legal advice before signing this affidavit to ensure that you understand the possible legal effects of this acknowledgment 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 have 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 in a manner that would bar our marriage in the state of _____, the state in which we reside; and
- 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 a 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 a beneficiary for life insurance or retirement benefits
- ☐ other evidence that establishes economic interdependence

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 facts can result in the loss of coverage and liability for incorrect benefit payments.

(1) Employee

Print Name _____

Signature _____

Date _____

(2) Domestic Partner

Print Name _____

Domestic Partner Signature _____

Date _____

(3) Address of Employee and Domestic Partner

(4) On what date did your Domestic Partnership begin: _____