

Declaration of Domestic Partnership**Employee Information**

Name (Last, First, Middle Initial)			Social Security Number
Address			Employee ID
City	State	Zip Code	Day Phone

Partner Information

Name (Last, First, Middle Initial)	Birth Date	Social Security Number
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Partner's Dependent Children

Name (Last, First, Middle Initial)	Birthdate	Social Security Number
Name (Last, First, Middle Initial)	Birthdate	Social Security Number
Name (Last, First, Middle Initial)	Birthdate	Social Security Number

We, the undersigned, declare that we are domestic partners, as established by the following criteria:

1. We are engaged in a committed relationship and intend to remain together indefinitely;
2. We are the same sex and for this reason are unable to marry each other under Minnesota law;
3. We are at least 18 years of age and have the capacity to enter into a contract;
4. We are jointly responsible to each other for the necessities of life;
5. We are not related by blood closer than permitted under Minnesota marriage laws;
6. The children identified above qualify as dependents under IRS regulations.

We agree to notify the University of Minnesota within thirty (30) days of the termination of our domestic partnership under the above criteria by filing a Notice of Termination of Domestic Partnership with Employee Benefits. We understand that an employee cannot register another domestic partner for six (6) months following the filing of a Notice of Termination of a Domestic Partnership.

We further understand that providing false information on this form or failure to notify Employee Benefits on a timely basis of loss of eligibility may result in disciplinary action up to and including termination of employment. We agree that, if either event occurs, the University may recover damages for all losses and reasonable attorney's fees incurred by the University to recover such damages.

We acknowledge and understand that the University of Minnesota has advised us to consult with an attorney regarding the legal consequences of signing this declaration.

We provide this information for the sole use of the University of Minnesota and for the sole purpose of determining our eligibility for domestic partner benefits provided by the University of Minnesota. If we do not provide this information, we understand we will not be eligible for domestic partner benefits. We understand that this affidavit constitutes private information under the Minnesota Government Data Practices Act, Ch. 13, and will not be disclosed to anyone outside of Employee Benefits except as authorized under the terms of that Act. However, we understand that the value and nature of benefits paid to any University of Minnesota employee is public information under the Act.

Signature of Employee	Date
Signature of Partner	Date