



HUMAN RESOURCES

Illinois State University

STATEMENT OF DOMESTIC PARTNERSHIP

I, _____ and _____
Employee (print) Domestic Partner (print)

represent that the following are true and correct:

REPRESENTATIONS:

1. We are each other's sole domestic partner.
2. Neither of us is legally married or in a civil union to anyone.
3. Each of us is at least eighteen (18) years old and mentally competent to complete this form.
4. We are not related by blood to a degree of closeness that would prohibit legal marriage or civil union in the state of Illinois.
5. We are jointly responsible for each other's common welfare and shared financial obligations may be demonstrated by the existence of three of the following. We have circled below the three types of documentation that we will provide.
 - a. Domestic Partnership Agreement
 - b. Joint mortgage or lease
 - c. Designation of domestic partner as beneficiary for life insurance
 - d. Designation of domestic partner as beneficiary for retirement contract
 - e. Designation of domestic partner as primary beneficiary in employee's will or of employee in domestic partner's will
 - f. Durable property and health care powers of attorney
 - g. Joint ownership of motor vehicle
 - h. Joint checking account
 - i. Joint credit account
6. We agree to notify Human Resources if there is any change in our status as domestic partners as certified in this statement. We will notify Human Resources within thirty (30) days of such change by filing a statement of Termination of Domestic Partnership which will make the domestic partner no longer eligible for University sponsored benefits. The statement of Termination shall affirm that the domestic partnership status is terminated as of its date of execution and that a copy

of the statement of Termination has been provided to the other partner by the party authorizing such action.

7. We understand that any false or misleading statements made in order to receive benefits for which we do not qualify may subject the employee to disciplinary action.
8. We have provided the information in this statement for the sole purpose of determining our eligibility for Illinois State University controlled domestic partnership benefits. We understand that this information will be held confidential insofar as the law allows.
9. We acknowledge the University's advice that we consult with a legal advisor before signing this document.

Employee Signature: _____ Date: _____

University ID Number: _____

Employing Department: _____

Domestic Partner Signature: _____ Date: _____

Employee's Home Address

Domestic Partner's Home Address

Subscribed and Sworn to before me this ___ day of _____, 20__.

Notary Public