

UNIVERSITY OF WISCONSIN – MILWAUKEE

Affidavit of Domestic Partnership

Employee/Student and Domestic Partner Information

Employee/Student Name: _____ Soc. Sec. Number: _____
Daytime Phone Number: _____ Home Phone Number: _____
Dom. Partner Name: _____ Soc. Sec. Number: _____
Daytime Phone Number: _____
Residence Address:
Street: _____
City/State: _____ Zip Code: _____

Declaration

We, the undersigned _____ and _____
(Print Employee's/Student's Name) (Print Partner's Name)

declare that on or before _____ we agreed to live as domestic
(Insert date)

partners in a committed relationship of mutual support and caring as defined in this document, and that we have so lived since that time. We further state that since that time we have held ourselves out publicly to be each other's sole domestic partner and intend to remain in such a committed relationship for the foreseeable future. To demonstrate our status as Domestic Partners, and as proof of benefit eligibility as established by UWM, we are willing to provide **at least two** of the following documents:

Please circle the numbers of all those for which you would be able to submit proof.

1. Evidence of joint purchase and ownership of a home
2. Notarized copy of a lease naming both domestic partners
3. Evidence of a joint savings or joint checking account established at least 6 months before registration
4. Title and registration of joint ownership of an automobile
5. Evidence of joint use of and liability for credit cards
6. Certified copy of a life insurance policy naming the domestic partner as the beneficiary
7. Evidence that the domestic partner is a beneficiary under the student's/employee's deferred compensation or retirement plan
8. Evidence of durable powers of attorney per §§ 243.07, 243.10, 155.05, and/or 155.10, Wis. Stats.

9. Student's/employee's last will and testament evidencing that the domestic partner is a major recipient of estate proceeds
10. Other documentary evidence that demonstrates significant joint financial interdependency between the student/employee and domestic partner – please describe _____

We understand that copies of these documents are not required at this time but that the University reserves the right to request copies at a later date.

DOMESTIC PARTNERS are two individuals who both meet all of the following criteria:

1. Are 18 years of age or older
2. Are competent to enter into a contract.
3. Are not legally married to, or the domestic partner of, any other person.
4. Are not related by marriage.
5. Are not related by blood closer than permitted under the marriage laws of the State of Wisconsin.
6. Have entered into the domestic partner relationship voluntarily, willingly, and without reservation.
7. Have entered into a relationship that is the functional equivalent of a marriage.
8. Have been living together as a couple for at least 6 months before registration with the University.
9. Intend to continue the domestic partner relationship indefinitely, with the understanding that the relationship is terminable at the will of either partner.

Change in Domestic Partner Status

We agree to notify the University by filing a Statement of Termination if there is any change in our eligibility or status as domestic partners as attested to in this Affidavit. After termination of this relationship, we understand that neither party may file a subsequent Affidavit of Domestic Partnership with the University for at least 6 months.

Acknowledgments

We understand that if the University suffers any loss due to any false statement contained in this Affidavit, it may bring a civil action against either or both of us to recover its losses, including reasonable attorney's fees.

We have provided the information in this affidavit for use by the University for the sole purpose of determining eligibility for Domestic Partner benefits.

We affirm that the information in this Affidavit is true and complete to the best of our knowledge; we acknowledge and agree to the terms stated herein; and we understand that any misrepresentation may result in loss of benefits and/or termination of employment/enrollment. We understand that we are subject to the

