

HARVARD UNIVERSITY
Harvard Human Resources



STATEMENT OF DOMESTIC PARTNERSHIP

Revised April 2020



STATEMENT OF DOMESTIC PARTNERSHIP

DECLARATION

We, _____ and _____,
(print employee name) (print registered domestic partner's name)

certify that we are domestic partners in accordance with the following criteria and eligible for medical, dental, and/or vision insurance coverage through the Harvard University benefit programs:

CRITERIA (Initial each)

1. We are each other's sole domestic partner and intend to remain so indefinitely. We share joint responsibility for our common welfare, the welfare of any dependents, and are financially interdependent.
Employee Initial _____ *Domestic Partner Initial* _____
2. Neither of us is legally married and we are not related by blood which would prohibit legal marriage in the state in which we legally reside.
Employee Initial _____ *Domestic Partner Initial* _____
3. We are each at least eighteen (18) years of age and mentally competent to consent to contract.
Employee Initial _____ *Domestic Partner Initial* _____
4. We intend to reside together indefinitely.
Employee Initial _____ *Domestic Partner Initial* _____
5. It has been at least one (1) year since either of us has terminated of a previous Statement of Domestic Partnership.
Employee Initial _____ *Domestic Partner Initial* _____

ACKNOWLEDGEMENTS (Initial each)

By signing this Statement, I declare and acknowledge my understanding that:

1. Domestic Partners are subject to the same plan guidelines which govern all other participants in the benefit programs. The plan documents and the insurance contracts govern all questions of coverage.
Employee Initial _____ *Domestic Partner Initial* _____
2. Harvard University reserves the right to request proof that my partnership meets the joint residency and financial interdependence eligibility criteria, and I agree to provide Harvard University with supporting documents if requested to do so.
Employee Initial _____ *Domestic Partner Initial* _____
3. Harvard University has no legal obligation to offer COBRA continuation rights to domestic partners and their dependents; however, Harvard University may offer continuation rights through COBRA-like coverage.
Employee Initial _____ *Domestic Partner Initial* _____
4. The Internal Revenue Service currently treats as imputed income to me the value of the medical and/or dental coverage provided to my domestic partner and their children, if any, minus any contribution paid by me for this coverage, except to the extent that any such individual represents a qualifying dependent of mine, defined as a "qualifying relative" or "qualifying child" under Internal Revenue Code Section 152.
Employee Initial _____ *Domestic Partner Initial* _____

5. By registering my domestic partnership with Harvard University, my domestic partner and their children may be considered my "spouse" and "child" for purposes of the Family and Medical Leave Act of 1993.

Employee Initial _____ Domestic Partner Initial _____

6. If there is any change in our status as domestic partners as certified in this Statement, **we will notify Harvard University within thirty (30) days of such change.** If this change results in a termination of the domestic partnership status, the domestic partnership status will be terminated as of the date I submit a Termination of Domestic Partnership form to the University.

Employee Initial _____ Domestic Partner Initial _____

7. After I have submitted a termination statement, at least twelve (12) months must elapse (from the date the termination statement is signed) before I can enroll another domestic partner.

Employee Initial _____

8. The information provided in this statement is for use by the Benefits Office for the sole purpose of determining our eligibility for domestic partnership benefits.

Employee Initial _____ Domestic Partner Initial _____

9. Anyone who makes false statements about satisfying the eligibility criteria, or fails to notify the University of a change in status will be subject to disciplinary action.

Employee Initial _____ Domestic Partner Initial _____

10. Harvard University may change its rules on domestic partners, COBRA-like benefits, and any other aspect of the medical, dental, and vision plans at any time.

Employee Initial _____ Domestic Partner Initial _____

TO BE COMPLETED BY EMPLOYEE AND DOMESTIC PARTNER

I declare to the best of my knowledge that the foregoing statements are true and accurate under the pains and penalties of perjury. I understand that it is possible that this Statement could impose on me obligations to my domestic partner or to the creditors of my domestic partner.

Signature of Employee

Signature of Domestic Partner

Print Employee Name

Print Domestic Partner Name

Harvard University ID#

Domestic Partner Social Security #

Domestic Partner Date of Birth

Date

Date

Notary Name

Notary Title

Date