



# DECLARATION OF DOMESTIC PARTNERSHIP

## CONFIDENTIAL

### I. DECLARATION

We, (print name of employee) \_\_\_\_\_, and  
(print name of domestic partner) \_\_\_\_\_ certify and  
declare that we are domestic partners in accordance with the following criteria and are eligible for medical, dental,  
voluntary accidental death and dismemberment, and dependent term life insurance under the University of Iowa  
benefits program.

### II. DOMESTIC PARTNER CRITERIA

1. We are each other's sole domestic partner and intend to remain so indefinitely. We are not legally married to anyone.
2. We are at least eighteen (18) years of age, not related by blood closer than would bar marriage in the State of Iowa, and mentally competent to consent to this declaration.
3. We recognize that domestic partner benefits are not provided under all insurance plans and understand that we must meet the eligibility requirements of the particular benefit plan(s) we are requesting.
4. We reside together in the same residence.
5. We share a committed and mutually dependent relationship with each other that is similar to that of a married couple, but we have chosen not to marry or cannot legally marry.
6. Our relationship meets at least two of the following four conditions and I understand I will be required to provide documentation to University Benefits to verify I meet the selected conditions.

**NOTE:** Information regarding the verification process and documentation requirements will be sent to you by email after you have updated your benefit elections. The documentation provided must correspond with the eligibility conditions being met as indicated below.

**(please check those that apply, A – D):**

- A. We have common or joint ownership of a residence (home, condominium, or mobile home) or a lease for a residence identifying both partners as tenants.
- B. We have at least two of the following (please check which two apply)
  - 1) Joint ownership of a motor vehicle
  - 2) Joint checking account
  - 3) Joint credit account (i.e., joint mortgage, car loan, or line of credit)
- C. The domestic partner has been designated as the primary beneficiary for at least one of the following (please check which one applies):
  - 1) Employee's life insurance
  - 2) Employee's will
  - 3) Employee's retirement contract
- D. A "relationship contract" has been executed which obligates each of the parties to provide support for the other party and provides, in the event of the termination of the relationship, for a substantially equal division of any property acquired during the relationship.

### III. CERTIFICATION OF DOMESTIC PARTNER AS A DEPENDENT

Please consult a tax advisor before you certify that your domestic partner seeking coverage is a dependent as defined by the Internal Revenue Code. If your answer is YES, you are not taxed on the university contribution for the dependent coverage premiums paid by the University.

Please check the appropriate boxes:

Yes, my domestic partner qualifies as my dependent for federal income tax purposes.

I understand that based on the above statements, the University of Iowa will consider the above person my dependent for all federal income and employment tax purposes.

I agree to reimburse the University for any and all liability including, without limitation, taxes, penalties, or losses (including reasonable attorneys' fees) that the university may incur arising out of its reliance on this affidavit if it is untrue in any respect or if I fail to provide the notice required by paragraph IV.

No, my domestic partner does not qualify as my dependent for federal income tax purposes.

### IV. CHANGE IN DOMESTIC PARTNERSHIP

1. We agree to notify the University as required by this Section IV if there is any change in our status as domestic partners as attested in this Declaration which would make the domestic partner and any of their dependent children ineligible for the University of Iowa benefits program (for example, due to the death of a partner, a change in joint-residence, termination of the relationship, etc.)
2. We will notify the University within thirty (30) days of such change in our status as domestic partners and dependent. Coverage under the University of Iowa benefits program will be terminated at the end of the month of the date of change in our status as domestic partners or dependent.

### V. ACKNOWLEDGEMENTS

1. We understand that any person/employer/insurer/claims administrator who suffers any loss due to any false statement contained in this Declaration may bring civil action against either or both of us to recover their losses, including reasonable attorney's fees.
2. We have provided the information in this Declaration for use by the University Benefits Office of the University of Iowa for the sole purpose of determining our eligibility for domestic partner benefits. We understand that this information will be held confidential and will be subject to disclosure only upon our express written authorization, pursuant to a court order or if there is a compelling business need to have access to the information.
3. We understand that this Declaration may have legal implications relating, for example, to our ownership of property or to taxability of benefits provided, and that before signing this Declaration, we should seek competent legal and accounting advice concerning such matters.

### VI. DEPENDENT CHILDREN

1. I, the above-named employee, would like to add the following dependent child(ren) to my health and dental coverage. Further, I certify they are my eligible dependent children as defined by the Plan dependent eligibility requirements listed [on the eligible dependents defined webpage](#).

CHILD'S NAME	EMPLOYEE'S CHILD (YES/NO)	DOMESTIC PARTNER'S CHILD (YES/NO)

## VII. DECLARATION AND SIGNATURES

We declare, under penalty of perjury, under the laws of the state of Iowa that the assertions in this Declaration are true to the best of our knowledge. We understand that this form is not an application for insurance coverage and that the purpose for this form is to establish eligibility of person named herein for the coverage provided under the University of Iowa benefits program.

### Employee and domestic partner's address:

Street Address:

City, State:

Zip code:

Employee ID or University ID number:

Employee Signature:

Domestic Partner Signature:

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Print Employee Name:

Print Domestic Partner Name:

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Date:

Date:

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Please submit Declaration to University Benefits by:

U.S. or Campus Mail  
University Benefits Office  
120 University Services Building  
Iowa City, IA 52242-1911

Or,

Email – [benefits@uiowa.edu](mailto:benefits@uiowa.edu)

[revised 1.25.24]

For Benefits Office: [008-00885]

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