AFFIDAVIT OF DOMESTIC PARTNERSHIP

We, ______________________________________________________________, and
(Print Name of Employee/Student)
_____________________________________________________________ certify that
(Print Name of Domestic Partner)

1. We are not married to anyone.
2. We are at least eighteen (18) years of age or older.
3. We are not related by blood closer than would bar marriage in the State of Iowa and are
mentally competent to consent to contract.
4. We are each other’s sole domestic partner and intend to remain so indefinitely.
5. We agree to support each other during the term of our domestic partner relationship by
being jointly responsible for each other’s necessities, including without limitation, food,
clothing, housing and medical care.
6. Our relationship meets at least two of the following four conditions (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
       _____ 4) Durable power of attorney for health care or financial management
   _____ 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.

7. We understand that domestic partners are subject to the same window period governing all
other individuals who are covered by or applying for benefit plan coverage. Any children,
new employment, adoptions, new marriages, and domestic partnerships are all subject to a
thirty (30) day limit on the enrollment period beginning on the date of the event.
8. If our domestic partnership relationship terminates, we will notify The University of Iowa Benefits Office within thirty (30) days of the termination of our domestic partnership. A written termination statement shall be provided to the University Benefits Office and shall affirm that the partnership is terminated and that a copy of the termination statement has been mailed to the other partner.

9. We understand that any person, employer, or company who suffers any loss because of false statements contained in an “Affidavit of Domestic Partnership” may bring a civil action against us to recover their losses, including reasonable attorney fees.

10. We provide the information in this affidavit to be used by the University Benefits Office for the sole purpose of determining our eligibility for domestic partnership benefits. We understand that this information will be held confidential and will be subject to disclosure only upon our expressed written authorization or pursuant to a court order.

11. We affirm, under penalty of perjury, that the ascertainments in this affidavit are true to the best of our knowledge.

_____________________________________   ___________________________________
(Signature of Employee/Student) (Signature of Domestic Partner)
_____________________________________   ___________________________________
(Employee/Student’s Social Security Number) (Domestic Partner’s Social Security Number)
_____________________________________   ___________________________________
(Date)                                      (Date)
_____________________________________   ___________________________________
(Employee’s Date of Birth) (Domestic Partner’s Date of Birth)

Submit Declaration to:
The University of Iowa Benefits Office,
120 University Services Building, Iowa City, IA 52242