

I. Declaration

We, _____ and _____ certify that we are domestic partners in accordance with the following criteria and are eligible for benefits coverage as domestic partners under New York University’s benefits program:

II. Proof of Status

Please check one:

- We have a Certificate of Domestic Partnership issued by the Office of the City Clerk of the City of New York (please present certified copy or an original to the NYU Benefits Office and a copy will be made for the record); or
- We have a:
 - marriage certificate;
 - domestic partnership certificate; or
 - proof of a civil union not recognized by the State of New York but lawfully recognized in another jurisdiction, including the City of New York (please present certified copy or an original to the NYU Benefits Office and a copy will be made for the record); or
- We are not eligible for a Certificate of Domestic Partnership from the City of New York and do not have a marriage certificate, domestic partnership registration or proof of a civil union from a jurisdiction outside of the State of New York, but we declare the following:
 1. We are domestic partners.
 2. We are both over the age of eighteen (18) and mentally competent to make this declaration.
 3. We are both unmarried and we are not related by blood in a manner that would bar marriage under the laws of the State in which we legally reside.
 4. We have been living together on a continuous basis prior to the date of this declaration.
 5. We will provide one of the following documents listed below to the NYU Benefits Office to demonstrate the existence of a domestic partnership (please present original document and a copy will be made for the record):
 - Joint mortgage or lease
 - Designation of domestic partner as beneficiary of employee’s life insurance
 - Designation of domestic partner as beneficiary of employee’s retirement contract
 - Designation of domestic partner as primary beneficiary in employee’s will
 - Joint ownership of a motor vehicle
 - Joint checking or savings account
 - Health care proxy
 6. The following valid identification of the domestic partner will be provided to the NYU Benefits Office (domestic partner is to present original document and a copy will be made for the record):
 - Birth record
 - Passport
 - Driver’s License
 - Non-Driver’s I.D.
 - Military I.D.
 - Immigration Card

NEW YORK UNIVERSITY STATEMENT OF DOMESTIC PARTNERSHIP

III. Taxation - YOU SHOULD CONSULT A TAX ADVISOR BEFORE SIGNING THIS CERTIFICATION.

I, _____ (employee) acknowledge and understand that the medical and dental benefits provided to my domestic partner and/or the children of my domestic partner will be treated as taxable income to me unless my domestic partner and/or the children of my domestic partner qualifies as a dependent under Section 152 of the Internal Revenue Code.

I further acknowledge and understand that tuition remission benefits for my domestic partner and/or the children of my domestic partner will be treated as taxable income to me regardless of the dependant status of my domestic partner and/or the children of my domestic partner under the Internal Revenue Code.

I certify the status of the following person(s) as my dependent under Section 152 of the Internal Revenue Code:

Relationship	Sex (M or F)	Full Name (Last, First, M .I.)	This person does qualify as my dependent under Section 152 of the Internal Revenue Code	This person does not qualify as my dependent under Section 152 of the Internal Revenue Code
Domestic Partner			<input type="checkbox"/>	<input type="checkbox"/>
Child			<input type="checkbox"/>	<input type="checkbox"/>
Child			<input type="checkbox"/>	<input type="checkbox"/>
Child			<input type="checkbox"/>	<input type="checkbox"/>
Child			<input type="checkbox"/>	<input type="checkbox"/>

Employee Signature _____ Date _____

IV. Change in Domestic Partnership Status

We agree to notify the NYU Benefit’s Office of any change in the status of our domestic partnership (such as a change in joint residence) and file a “Termination of Domestic Partnership Form” within thirty (31) days of such a change. This change in status will result in the termination of the domestic partner’s benefit eligibility. The “Termination of Domestic Partnership Form” will affirm that the domestic partnership status has been terminated and that a copy of the termination form has been mailed to the other party.

I, _____ (employee) understand that a subsequent Domestic Partner Enrollment Form cannot be filed until twelve (12) months after a “Termination of Domestic Partnership Form” has been completed and filed with the NYU Benefits Office.

V. Acknowledgments

1. We understand that any person/employer/company that suffers any loss due to any false statement contained in this Affidavit may bring a civil action against either or both of us to recover their losses, including reasonable attorney fees.
2. We understand that any false or misleading statements made to receive benefits for which we do not qualify may subject the employee to disciplinary action.
3. We have provided the information in this declaration for use by the NYU Benefits Office for the sole purpose of determining eligibility for domestic partnership benefits.
4. We declare under the penalty of perjury under the laws of the United States that the foregoing statements are true and correct.

EMPLOYEE NAME (PLEASE PRINT)

DOMESTIC PARTNER (DP) NAME (PLEASE PRINT)

EMPLOYEE UNIVERSITY ID NUMBER

DP SOCIAL SECURITY #

DP DATE OF BIRTH

EMPLOYEE SIGNATURE/DATE

DOMESTIC PARTNER SIGNATURE/DATE

Approved by NYU Benefits Office		
Signature _____	Title _____	Date _____