

Affirmation of Same Sex Domestic Partnership

I, _____, submit this Affirmation of Same Sex Domestic
(Name of Employee)
Partnership to establish _____ as a Same Sex Domestic Partner
(Name(s) of Domestic Partner)
(as defined below) for the purpose of obtaining benefits The University of Akron extends
to employees' Same Sex Domestic Partners.

1. I declare that my same sex partner is eligible for benefits because we meet all of the following criteria:

- We are both at least age 18.
- We are in an exclusive, committed relationship that is intended to be permanent.
- No Same Sex Domestic Partner is legally married to another person.
- We share a mutual obligation of responsibility for each other's common welfare.
- We have shared a principal residence for at least the last twelve (12) months and we intend to do so indefinitely.
- We have not become Partners for the reason of securing Same Sex Domestic Partner benefits from The University of Akron.

2. If I am enrolling any child of my Same Sex Domestic Partner, I declare that they meet all of the following criteria:

- The children reside in our household.
- The children are unmarried and (a) less than 23 years of age and (b) not regularly employed on a full-time basis, or (c) are of any age and are mentally or physically incapable of supporting themselves.
- The children are dependent on me and/or my Same Sex Domestic Partner for at least 50% of their support.
- I or my Same Sex Domestic Partner have a court-appointed legal relationship with the children (e.g. adoption, guardianship, foster child), or my Same Sex Domestic Partner is the biological parent of the child.

3. I agree to complete an Affirmation of Termination of Same Sex Domestic Partnership within thirty-one (31) days of any change in the circumstances attested to in this Affirmation.

4. If I cease to have any Same Sex Domestic Partner, I understand that another Affirmation of Same Sex Domestic Partnership cannot be filed until twelve (12) months have passed since such cessation.

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5. I understand I may be responsible for payment of income taxes as a result of The University Akron providing benefits to my Same Sex Domestic Partner.
6. I will provide to the Plan Administrator or designated representative two documents to verify the Same Sex Domestic Partnership. Examples of acceptable documents include but may not be limited to:
 - joint mortgage or title for our home
 - joint lease for our residence
 - both of our current driver's licenses or other government identification showing the same address
 - both of our recent tax returns showing the same address
 - one bill addressed to each of us at the same address
 - evidence of a joint asset (e.g. recent statement for a joint checking account or investment account, declaration page for a joint insurance policy, common ownership of an automobile, etc.)
 - service agreement or membership in both of our names
 - evidence of a joint debt
 - evidence of joint coverage under a prior employer's health plan
 - designation of one by the other as beneficiary for life insurance, retirement benefits, or estate
 - designation of one by the other as beneficiary for life insurance, retirement benefits, or estate
 - designation of the same sex domestic partner as durable power of attorney, health care proxy, or executor
 - registration of partnership with a state or municipality
 - birth certificate
7. I understand that providing false or misleading information in this Affirmation may result in any or all of the following actions by The University of Akron: a requirement that I reimburse The University Akron for all expenses and disciplinary action up to an including termination.
8. **I understand that this Affirmation of Same Sex Domestic Partnership, the Declaration of Tax Status, the Affirmation of Termination of Same Sex Domestic Partnership and other documents related to same sex domestic partnership benefits at The University of Akron may be considered public records under Ohio Public Records Law (Ohio Revised Code §149.43) and may be subject to disclosure if required by this or other laws.**

I affirm that the assertions in this Affirmation are true to the best of my knowledge.

Signature of Employee

Last Four Digits of
Social Security Number

Date