



## Affidavit of Same-Sex Domestic Partnership

I, \_\_\_\_\_, hereby certify that \_\_\_\_\_ is my same-sex domestic partner and that:

1. We share a residence (unless residing in different cities, states, or countries on a temporary basis)
2. We are in a long-term committed relationship and have been in this relationship for at least six (6) months.
3. We are of the same sex as each other and we are each other's sole domestic partner and intend to remain so indefinitely.
4. We are at least eighteen (18) years of age or older.
5. We are not legally married to anyone.
6. We are not related by blood closer than would bar marriage in the State of Ohio.
7. We are mentally competent to consent to a contract.
8. We share financial obligations, as demonstrated by the existence of at least two of the following conditions (please check all that apply):

We have common or joint ownership of a residence (house, condo, or mobile home)

We share at least two (2) of the following:

- § Joint ownership of a motor vehicle
- § Joint checking account
- § Joint credit account
- § Residential lease identifying both partners as tenants

My partner has been designated as a primary beneficiary of at least one (1) of the following:

- § My Miami University Group Term Life Insurance
- § My will

**NOTE: Documentation is required to prove the existence of the above-mentioned conditions.**

I agree to file, within 30 days of the dissolution of my same-sex domestic partnership, an *Affidavit of Termination of Same-Sex Domestic Partnership* with the office of Benefit Services affirming that the partnership has been terminated and that a copy of the *Affidavit of Termination of Same-Sex Domestic Partner Status* has been mailed to my previous partner.

I understand that another *Affidavit of Same-Sex Domestic Partnership* cannot be filed until six (6) months after the most recent partnership has been terminated. I also understand that an *Affidavit of Termination of Same-Sex Domestic Partner Status* must be filed with the office of Benefit Services and also mailed to the previous partner.

I understand the information on this affidavit will be used by the University for the sole purpose of determining my eligibility for same-sex domestic partnership benefits. This information will be treated as confidential to the extent permitted by Ohio law and will be used solely for the administration of benefits by the office of Benefit Services. I understand that availability of these benefits is based on eligibility requirements and subject to changes in program provisions.

Signature of Employee:

Date:

Printed Employee Name:

### AFFIDAVIT

Being duly sworn, I, the undersigned individual, state that all responses made in this Affidavit of Same-Sex Domestic Partnership Form are true and accurate to the best of my knowledge and belief.

Employee Signature: \_\_\_\_\_

Sworn to and subscribed in my presence this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

Notary Public \_\_\_\_\_ State of Ohio,

County of \_\_\_\_\_

My Commission Expires: \_\_\_\_\_

**Return form to:**

**Benefit Services  
15 Roudebush Hall  
Miami University  
Oxford OH 45056**