

hrservice@syr.edu

Name of Syracuse University Employee: _____

Employee's SUID: _____ Date of Birth: _____

Name of Eligible Spouse or Eligible Domestic Partner: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

I certify that my Eligible Spouse or Eligible Domestic Partner (as defined in the Syracuse University Benefits Eligibility Policy) and I meet the following criteria (please check either A., B., C., or D. below):

- A. We have a valid marriage license that is officially recognized by the United States government for federal income tax purposes (and can provide documentation when requested). Our marriage has not been dissolved or ended by divorce.
- B. We have a valid marriage license, or an officially recognized same-sex civil union, or registered same-sex domestic partnership, that has been authorized by a state, territory, or foreign government (and can provide documentation when requested). Our marriage, same-sex civil union, or registered same-sex domestic partnership has not been dissolved or ended by divorce.
- C. We meet **All** of the following criteria:
 1. We are in a same-sex relationship of mutual support, caring, and commitment and intend to remain in this relationship.
 2. We share a primary residence and have done so for at least six continuous months unless residing in different geographical areas on a temporary basis.
 3. Neither of us is currently married to, nor part of a civil union or domestic partnership with anyone else.
 4. Each of us is at least 18 years of age or is an emancipated minor.
 5. Neither of us is the other's parent, child, sibling, grandparent, grandchild or any blood relation which would bar marriage in the State of New York.
 6. We share joint responsibility for one another's common welfare and basic needs and have done so for the last six continuous months, as evidenced by at least two (2) of the following (for which we can provide documentation when requested):
 - a. named parents in a co-parenting or adoption agreement;
 - b. joint mortgage, lease, or title;
 - c. joint ownership of motor vehicle, bank account, or credit card account;
 - d. designation of domestic partner as a primary beneficiary of employee's life insurance, retirement benefits, or will;
 - e. assignment of a durable Power of Attorney or Health Care Proxy to one another.
- D. We meet **All** of the following criteria:
 1. We are in an opposite-sex relationship of mutual support, caring, and commitment and intend to remain in this relationship.
 2. We share a primary residence and have done so for at least six continuous months unless residing in different geographical areas on a temporary basis.
 3. Neither of us is currently married to, nor part of a civil union or domestic partnership with anyone else. We have not been married to each other within the last three years.
 4. Each of us is at least 18 years of age or is an emancipated minor.
 5. Neither of us is the other's parent, child, sibling, grandparent, grandchild or any blood relation which would bar marriage in the State of New York.
 6. We share joint responsibility for one another's common welfare and basic needs and have done so for the last six continuous months, as evidenced by at least two (2) of the following (for which we can provide documentation when requested):
 - a. named parents in a co-parenting or adoption agreement;
 - b. joint mortgage, lease, or title;
 - c. joint ownership of motor vehicle, bank account, or credit card account;
 - d. designation of domestic partner as a primary beneficiary of employee's life insurance, retirement benefits, or will;
 - e. assignment of a durable Power of Attorney or Health Care Proxy to one another.

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I understand that my Eligible Spouse or Eligible Domestic Partner benefits end if the eligibility requirements listed above are no longer satisfied. I understand that if my relationship with the person named in this form ends while he or she is covered under any of my benefit plans, I must notify the Office of Human Resources within 31 days of the relationship ending and must sign a **Termination of Domestic Partnership** or provide an executed divorce decree. I acknowledge that my eligibility for benefits will also be contingent on my satisfying the terms of each applicable benefit plan (as they may be revised by the University from time to time).

I understand that under current tax laws certain contributions for benefits and certain benefits for an Eligible Spouse or Eligible Domestic Partner and/or any of his/her dependent children could be taxable. Syracuse University will report and withhold any taxes required by law with respect to such contributions and benefits.

I understand that any entity or person that suffers any loss because of any false statement contained in this form may bring a civil action suit against me to recover any such loss, including reasonable attorneys' fees (including, but not limited to, an action brought by Syracuse University to recover for benefits that it provided based on such a false statement). I also understand that any misrepresentation in connection herewith may result in termination of employment and of any benefits that may be extended to my Eligible Spouse or Eligible Domestic Partner based on this form.

I affirm that I have discussed the foregoing with my Eligible Spouse or Eligible Domestic Partner named above and that my named Eligible Spouse or Eligible Domestic Partner is aware of this form and is in agreement with the representations that I have made on this form.

I declare under penalty of perjury under the laws of the State of New York that the facts contained herein and in any related documentation are true and correct.

Signature of Employee

Date

Return this form to:

HR Shared Services

hrservice@syr.edu

Phone: 315.443.4042 Fax: 315.443.1063

621 Skytop Road, Suite 1001, Syracuse, New York 13244