

# AFFIDAVIT OF DOMESTIC PARTNERSHIP

We, \_\_\_\_\_ and \_\_\_\_\_  
certify that we are domestic partners in accordance with the following criteria and eligible for benefits coverage under the College, University or institution of higher education's student health insurance program:

1. We are each other's sole domestic partner and intend to remain so indefinitely.
2. We are jointly responsible for each other's common welfare, share financial obligations and share our primary residence. We have resided together for at least two (2) continuous years prior to the date of this affidavit. We will provide evidence of joint responsibility. Joint responsibility may be demonstrated by the existence of either (please check I or II):

\_\_\_\_\_ I. A civil union licensed under state law (civil union is defined as a legally recognized union between same sex partners), OR

\_\_\_\_\_ II. Two or more of the following (please check at least two items that apply):

\_\_\_\_\_ A. Domestic Partnership Agreement or Relationship Contract.

\_\_\_\_\_ B. Joint mortgage or joint ownership of primary residence.

\_\_\_\_\_ C. Two of:

\_\_\_\_\_ 1. Joint ownership of motor vehicle.

\_\_\_\_\_ 2. Joint checking account.

\_\_\_\_\_ 3. Joint credit account.

\_\_\_\_\_ 4. Joint lease.

\_\_\_\_\_ D. The Domestic Partner has been designated as a beneficiary for student's will, retirement contract, or life insurance.

3. We are:

- not married to anyone, and
- legally prohibited from marrying each other in the State of Maine, and
- each at least eighteen (18) years of age, and
- mentally competent to consent to contract, and
- not related by blood to a degree of closeness, which would prohibit marriage in the State of Maine.

We understand that domestic partners are subject to the other eligibility provisions of the College, University, or institution of higher education's student health insurance plan.

The student agrees to notify the College, University, or institution of higher education in writing within thirty-one (31) days of any termination of our domestic partnership. A written termination statement shall affirm that the partnership is terminated and that a copy of the termination statement has been mailed to the other partner.

We certify that the foregoing is true and correct, and further understand that falsification of information contained in this Affidavit may lead to disciplinary action and may subject us to civil action to recover any losses, including reasonable attorney's fees, in addition to an obligation to repay benefits received.

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**Note: Signing of this Affidavit may affect important legal rights. Please consult your attorney.**

\_\_\_\_\_  
Signature of Student Date \_\_\_\_\_

Certified, subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

STATE OF MAINE

County of \_\_\_\_\_  
\_\_\_\_\_  
Notary Public

[SEAL] My commission expires \_\_\_\_\_

\_\_\_\_\_  
Signature of Domestic Partner Date \_\_\_\_\_

Certified, subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

STATE OF MAINE

County of \_\_\_\_\_  
\_\_\_\_\_  
Notary Public

[SEAL] My commission expires \_\_\_\_\_

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The Affidavit and accompanying documentation have been reviewed.

Eligibility:  Approved  
 Not Approved

\_\_\_\_\_  
Signature of Approving Officer Date \_\_\_\_\_

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title

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