

**Affidavit of Domestic Partnership**

State of Ohio                    )  
  ) SS:  
County of Portage            )

I, \_\_\_\_\_, hereby certify that \_\_\_\_\_ is my 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 the 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 another individual.
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 domestic partner has been designated as a primary beneficiary of at least one (1) of the following:
    - A Life Insurance Policy
    - My will

**Note: Documentation to prove the existence of the above-mentioned conditions must be provided.**

I understand that a domestic partner and/or eligible child(ren) generally do not meet the definition of a tax qualified dependent; as such any medical health care or educational benefits accorded by the Institution to them are taxable. I have consulted a tax advisor prior to filing this Affidavit.

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

I understand that another *Affidavit of Domestic Partnership* cannot be filed until twelve (12) months after the most recent domestic partnership has been terminated. I also understand that an *Affidavit of Termination of Domestic Partner Status* must be filed with Human Resources and also mailed to the previous domestic partner.

I understand the information on this affidavit will be used by the Institution for the sole purpose of determining my eligibility for domestic partnership benefits to the extent that such benefits will be afforded to domestic partners. 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 Human Resources. I understand that availability of these benefits is based on eligibility requirements and subject to changes in program provisions.

(rest of page intentionally left blank)

Banner ID Number: \_\_\_\_\_

Signature of Employee: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

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

Print Name: \_\_\_\_\_

In witness whereof, I hereunto set my hand and official seal this \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Notary Public

**Return Form to:**  
**HR Department**  
**NEOMED**  
**4209 St. Rt. 44,**  
**Rootstown, Ohio 44272**

**Taxability of Domestic Partner Benefits**

- I understand that when the University extends coverage for non-dependent domestic partner group insurance benefits to me as an employee, the fair market value of that coverage will be imputed to me as income. I understand that this will increase my taxable income.
- I understand that the fair market value of any undergraduate educational benefits accorded to my domestic partner will be imputed to me as taxable income.
- I understand that the fair market value of any graduate educational benefits accorded to any dependent children will be imputed to me as taxable income.

\_\_\_\_\_  
Initials

\_\_\_\_\_  
Date

**Domestic Partner Dependent/Non-Dependent Declaration**

Check one below:

- My domestic partner is not a dependent as defined by the IRS.
- My domestic partner is a dependent as defined by the IRS. Please provide a copy of your most recent federal tax return that shows you claimed your domestic partner as a dependent and complete the following Certificate of Proof of Dependency.

**Certificate of Proof of Dependency for Domestic Partner**

I, \_\_\_\_\_, hereby certify that  
Employee (Please Print)

\_\_\_\_\_, is my domestic partner and that:  
Domestic Partner (Please Print)

- My domestic partner was a member of my household for the entire year  
**and**
- My domestic partner is a U.S. Citizen or resident, or a resident of Canada or Mexico but are legally allowed to be in the United States,  
**and**
- Neither I, nor my domestic partner, filed a joint tax return for the prior year, nor will either of us file jointly for the current year,  
**and**
- I provided more than one-half of the support of my domestic partner during the year, and my domestic partner's gross income was \$3,500 or less during the previous tax year (as adjusted for inflation each year).
- I understand that the University will not impute the fair market value for dependent domestic partner benefits to me as income, if I provide proof that my domestic partner is a dependent as defined by the Internal Revenue Service.
- I will notify Human Resources within 30 days if my domestic partner no longer qualifies as a dependent. I understand that I must fill out this form and provide a copy of my most recent federal tax return showing my domestic partner is a dependent to the Human Resources Department on an annual basis.

Banner ID Number: \_\_\_\_\_

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

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Signature of Domestic Partner: \_\_\_\_\_

Date: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Print Name: \_\_\_\_\_

In witness whereof, I hereunto set my hand and official seal this \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Notary Public

## Certificate of Proof of Dependency for Dependent Child

(One Form For Each Child)

\_\_\_\_\_, is a child that qualifies as my dependent child. He/she satisfied the following three criteria as defined in:  
(Please Print Child's Name)

1.  Relationship – The child is my biological child, stepchild, or adopted child. If a stepchild or legal ward, I claimed this child as a dependent on my most recent tax return.
2.  Age – My child is under the age of 26 and does not have his/her own insurance coverage through an employer.
3.  Age – My child is under the age of 28 and is:
  - Unmarried;
  - A resident of Ohio or a full-time student at an accredited public or private institution of higher education;
  - Not employed by an employer that offers any health benefit plan for which my child is eligible; and
  - Not eligible for Medicaid or Medicare.

(All must apply for the child to qualify as a dependent under this provision)

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

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Name of Child: \_\_\_\_\_

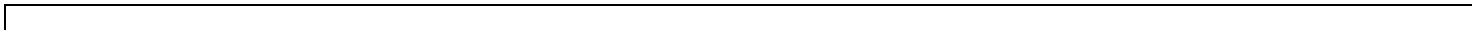
Child's Social Security Number: \_\_\_\_\_

Child's Date of Birth: \_\_\_\_\_

In witness whereof, I hereunto set my hand and official seal this \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Notary Public

The University reserves the right to request proof of the criteria set forth herein.



**Affidavit of Termination of Domestic Partner Status**

State of Ohio )  
 ) SS:  
County of Portage )

I, \_\_\_\_\_, certify that I previously filed an *Affidavit of Domestic Partnership* with the University.

I now inform the University that as of \_\_\_\_\_, (20\_\_), \_\_\_\_\_ is no longer my domestic partner.

I understand that the former domestic partner identified above is no longer eligible for domestic partner benefits through NEOMED and that current benefits will terminate as of the last day of the month in which this *Affidavit of Termination* is filed. I also understand that unless the children that I previously claimed for benefits purposes in conjunction with this relationship will no longer receive benefits unless they continue to qualify under the four point test for dependency established by the University.

I certify that a copy of this *Affidavit of Termination* has been mailed to the former domestic partner identified above. I understand that another *Affidavit of Domestic Partnership* cannot be filed until twelve (12) months after the most recent domestic partnership has been filed with the Human Resources Department.

Mailing address of former domestic partner: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Banner ID Number: \_\_\_\_\_

Signature of Employee: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

In witness whereof, I hereunto set my hand and official seal this \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Notary Public

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**HR Department**  
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**Rootstown, Ohio 44272**