

SALT LAKE COMMUNITY COLLEGE
AFFIDAVIT OF DOMESTIC PARTNERSHIP

I. Affirmation of Domestic Partnership

We, _____ (Employee's Name) and
_____ (Partner's Name) declare that we are domestic partners and we:

1. Are unmarried in the State of Utah;
2. Both are at least 18 years of age or older;
3. Mentally competent to consent to this partnership;
4. Not related by blood in the way that prohibits lawful marriage;
5. Share the same primary residence and have been in a mutually exclusive relationship for at least the last six (6) months, and have plans to continue this arrangement on an indefinite basis; and
6. Are jointly responsible for the common welfare of each other and share financial obligations.

II. Change in Domestic Partnership

1. We agree to notify the Salt Lake Community College Office of Human Resources in writing within thirty (30) calendar days of any change in our status as domestic partners (for example, if we no longer share the same principal residence); or if we wish to terminate domestic partner benefits, we will complete the Termination of Domestic Partnership form within thirty (30) calendar days of the termination.

III. Dependent(s) of Domestic Partners

1. We declare as eligible dependent(s):

(Name[s] and birthdates of child[ren], and initials of both partners)

IV. Documentation required to add a Domestic Partner to Salt Lake Community College's medical, dental and/or life insurance.

The following must be submitted to the Office of Human Resources:

- At least three of the following: joint mortgage, lease, utility bills, phone listing, bank account, credit account, ownership of motor vehicle, or other documents that would conclusively establish residency at the same address;
- Designation of the domestic partner as a primary beneficiary for a life insurance policy or retirement contract;
- Durable power of attorney for health care or financial management.

1. We understand that the information contained in this Affidavit relates to eligibility for use of sick leave, sick leave pool, family medical leave and funeral leave. Any other use of this information will be subject to disclosure only upon written authorization, or as required by law.
2. We understand that a civil action may be brought against us for any losses, including attorney fees and court costs, because of willful falsification of information contained in the Affidavit of Domestic Partnership.
3. We acknowledge Salt Lake Community College's advice that we consult an attorney before signing this document.

We affirm, under penalty of perjury, that the assertions in the Statement are true and correct. We understand that any misrepresentation of fact may result in disciplinary action.

Employee Signature

Date

Domestic Partner Signature

Date

Documentation has been reviewed and meets criteria

Human Resource Representative

Date