

DECLARATION OF DOMESTIC RELATIONSHIP

For Purposes of Qualifying for ISU Plan Benefits at Iowa State University

A. I, the undersigned, declare that _____, and I entered into an established domestic relationship or marriage as defined below. (Print Name of Spouse or Partner)

Please check one:

- Married - I acknowledge we are persons married as provided by the law of the jurisdiction where the relationship of spouse is formed, whether by the issuance of a marriage license or by common law.
- Domestic Partners - I acknowledge we are persons who have a committed relationship solely to one another exhibiting the following qualities:
- As partners we intend to continue the relationship indefinitely;
 - Neither partner is married nor a domestic partner to another person;
 - The partners are above the age of 18 and are not related in a way that would otherwise bar marriage;
 - The partners agree to support one another and share significant resources for the benefit of their union.

B. Answer the following questions when indicating Domestic Partner Relationship:

1. If I sign this document as a domestic partner, I will give a copy of this document to the domestic partner.
2. I acknowledge that the law does not grant the same tax treatment to domestic partner benefits, and may result in taxable income to me under Federal and/or State law. I understand declaring a partner and/or children as tax dependents must be for the entire calendar year. I also understand the University may request verification of the tax status throughout the calendar year and I must respond. If the tax status changes at any time, I must report the change to the ISU Benefits Office immediately and previous coverage may become subject to imputed income.

Please check one:

___ Yes, my domestic partner qualifies as my dependent for federal income tax purposes.

___ No, my domestic partner does not qualify as my dependent for federal income tax purposes.

3. If children are enrolled on your ISU medical or dental plan, answer the following:

___ Yes, the children enrolled in the plan qualify as my dependents for federal income tax purposes.

___ No, the children enrolled in the plan do not qualify as my dependents for federal income tax purposes.

C. Termination of Relationship (Marriage or Domestic Partner)

1. If my domestic relationship terminates, I will inform the University Benefits Office in writing within 30 days. \ Partners must provide a signed copy of the University's affidavit of termination of domestic partnership.
2. Spousal relationships must provide a copy of court-approved divorce decree.

D. In signing this declaration, I understand and agree as follows:

1. Iowa State University is relying upon the accuracy of this Declaration for the purpose of providing valuable benefits. If this statement is not accurate, I will reimburse the University for any liability including, without limitation, taxes, penalties or losses (including reasonable attorney's fees) that the University may incur arising out of its reliance on this Declaration if it is untrue in any respect, or if I fail to provide notice of the dissolution of my relationship. I will also reimburse Providers of benefits or other parties whom rely on the accuracy of this statement and may have a cause for legal action if the Declaration is false
2. This form will be treated as a confidential personnel record.

I affirm that the above information is accurate:

Employee Signature: _____ UID: _____

Type or Print Employee's Name: _____ Date: _____

