

**BENTLEY UNIVERSITY**  
**AFFIDAVIT OF DOMESTIC PARTNERSHIP**

**I. DECLARATION:**

We, the undersigned, \_\_\_\_\_ (*print Employee's name*)

and \_\_\_\_\_ (*print Domestic Partner's name*)

certify that we are living as, and intend to remain living as, domestic partners (spousal equivalents) in a committed relationship of mutual support and caring in accordance with the following criteria:

**II. CRITERIA:**

1. We are each other's sole spousal equivalent and intend to remain so indefinitely.
2. Neither one of us is legally married to, under either statutory or common law, or the domestic partner of, any other person.
3. We are at least eighteen (18) years of age and legally able to consent to a contract.
4. We are not related by blood to a degree of closeness which would prohibit legal marriage in the state in which we legally reside.
5. We have continuously shared the same residence for at least one (1) year and intend to do so indefinitely.
6. We are jointly responsible for each other's common welfare and basic living expenses and are financially interdependent.

**III. ACKNOWLEDGEMENTS:**

1. We affirm, under penalty of perjury, that the statements made above are true and complete to the best of our knowledge. We understand that any misrepresentation on this Affidavit may result in loss of benefits or other corrective action. We also understand that should we have any questions about completing this certification, we should consult with our own legal and/or tax advisors before doing so.
2. We agree that if there is any change in our status as domestic partners as certified on this Affidavit which results in a termination of the domestic partnership status, we will notify the University within thirty (30) days of such change by filing a Statement of Termination of Domestic Partnership. The Domestic Partner acknowledges that Bentley's Employee can file such Statement of Termination, with notice to the Domestic Partner. Our domestic partnership status will be terminated as of the date the Statement is filed with the University.
3. We understand that should we fail to notify Bentley University as required in Paragraph 2, above, we will be required to repay the cost of any and all benefits received by a designated domestic partner or a dependent of such designated domestic partner as of the date our domestic partnership terminated, along with any costs incurred by Bentley University for the recovery of such costs.
4. We understand that after such termination, a subsequent Statement of Domestic

Partnership cannot be filed until twelve (12) months after the date the Statement of Termination has been filed with the University.

5. We understand that the information provided in this Affidavit is for use by the Human Resources Department for the sole purpose of determining our eligibility for domestic partnership benefits.
6. We understand that Bentley University reserves the right to request proof that our partnership meets the joint responsibility and financial interdependence eligibility criteria, and we agree to provide Bentley with supporting documents if requested to do so.
7. We understand that we are subject to the same plan guidelines which govern all other participants in the benefit programs and that the plan documents and the insurance contracts govern all questions of coverage.
8. We understand that, except as noted below, Bentley University is required to treat as income to the employee the value of benefits provided to his/her domestic partner and the dependents of his/her domestic partner, if any, minus any contribution paid by the employee for this coverage. We further understand that premiums paid on behalf of the domestic partner or his or her dependents are not available on a pre-tax basis, unless the domestic partner and/or their dependent(s) qualify as the employee's tax dependent(s) for health care purposes under the Internal Revenue Code and any related regulations and guidance, in which case the value of any contributions made by Bentley University will not be treated as income.

\_\_\_\_\_  
Employee's signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Domestic Partner's signature

\_\_\_\_\_  
Date

**BENTLEY UNIVERSITY**

**STATEMENT OF TERMINATION OF DOMESTIC PARTNERSHIP**

I, \_\_\_\_\_, declare that:  
(print Employee's name)

1. \_\_\_\_\_ and I are no longer domestic partners.  
(print Domestic Partner's name)

2. I make and file this *Statement of Termination of Domestic Partnership* in order to cancel the *Statement of Domestic Partnership* filed by me with Bentley University on \_\_\_\_\_.

3. I mailed my former Domestic Partner a copy of this notice at the following address

\_\_\_\_\_  
on \_\_\_\_\_.

Signed: \_\_\_\_\_

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

Address: \_\_\_\_\_

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

RETURN COMPLETED FORM TO SANDY SMITH IN HUMAN RESOURCES within thirty (30) days of a change.