Declaration of Domestic Partnership Certification

We, _______________ and _______________
(Print faculty/staff member’s name) (Print partner’s name)
certify to the University of Miami that we are Domestic Partners in accordance with the following criteria.

A. CRITERIA

1. We are each other’s sole Domestic Partner with the intention to remain so indefinitely. We are in an affectionate relationship of mutual support, caring and commitment. We share joint responsibility for the household. If marriage were permitted by law we would marry.

2. We are of the same sex. Neither one of us is legally married to someone else. We are not related by blood.

3. We each are at least eighteen (18) years of age.

4. We have resided together for at least 12 months and intend to reside together indefinitely.

5. We have shared financial responsibilities.

6. We are mentally competent to consent to a contract.

B. REQUIRED PROOFS

At least three of the following:

a. Joint ownership of real property
b. Joint ownership of significant assets
c. Joint loan
d. Joint credit card
e. Joint lease
f. Designation as beneficiary in each other’s will
g. Designation as attorney in a durable power of attorney document
h. Designation as health care surrogate
i. Designation as beneficiary in University of Miami life insurance(s)
j. Designation as beneficiary in University of Miami retirement plan(s)

C. ACKNOWLEDGMENTS

By signing this Declaration, I acknowledge that I have been informed that:

1. Domestic Partners are subject to the same policies and guidelines which govern all other University benefits and other programs. The plan documents, University policy and the insurance contracts govern all questions of coverage.

2. The University of Miami reserves the right to request proof that my partnership meets the joint residency and financial interdependency eligibility criteria and I agree to provide supporting documents when requested to do so.
3. The Internal Revenue Service currently treats as imputed income the value of the medical and/or dental coverage provided to my domestic partner and his/her dependent(s), if any, minus any contribution paid by me for this coverage. The full cost of employer provided tuition remission benefit to my domestic partner is treated as taxable income to the employee. I understand that I will be responsible for federal income tax on the value of the income imputed to me for these benefits.

4. By enrolling my Domestic Partner with the University of Miami, my Domestic Partner and his/her dependent child(ren) may be considered my “spouse” and “child(ren)” for purposes of the Family and Medical Leave Act of 1993.

5. If there is any change in our status as Domestic Partners as certified in this Statement, we will notify the University of Miami within thirty-one (31) days of the effective date of such change. If this change results in a termination of the Domestic Partnership status, a Declaration of Termination of Domestic Partnership must be completed. The Domestic Partnership status will be terminated as of the date the signed Declaration of Termination is received in HR-Benefits.

6. At least twelve (12) months must elapse from the date the Declaration of Termination of Domestic Partnership was filed with HR-Benefits before benefits for another domestic partnership may be approved by the University of Miami.

7. The information provided in this Declaration is for use by HR-Benefits for the sole purpose of determining and maintaining eligibility for Domestic Partner benefits.

8. An employee who makes false statements about satisfying the eligibility criteria or fails to notify the University of a change in status will be subject to disciplinary action up to and including discharge and/or loss of benefits.

9. The University may change its rules, policies and practices on Domestic Partners at any time without notice.

D. DEPENDENT CHILD CERTIFICATION (Partner’s Dependent Children)

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I hereby certify that the above-named child(ren) of my Partner meet all of the eligibility requirements, and I understand that falsely certifying as to a dependent's eligibility or failure to inform the University of Miami when a dependent no longer meets applicable eligibility requirements could result in disciplinary action, including termination of employment.

_________________________________________  ____________________________
Signature of employee                     Date
TO BE COMPLETED BY FACULTY/STAFF MEMBER

I affirm that the statements made above are true and complete to the best of my knowledge. I also understand that filing this Declaration may impose upon me obligations to my Domestic Partner or to the creditors of my Domestic Partner.

Signature of faculty/staff member ___________________________ Date ___________________________

Signature of partner ___________________________ Date ___________________________

Print name ___________________________

Print name ___________________________

Date of Birth ___________________________

Date of Birth ___________________________

Date of Declaration ___________________________

Partner’s Social Security Number ___________________________

Registered ___________________________

HR-Benefits Administrator ___________________________ Date ___________________________

SUBMIT COMPLETED FORMS AND DOCUMENTS TO HR-BENEFITS:

(Interoffice) (US Mail) (Fax) (Email)
100 Gables One Tower PO Box 248106 305-284-4568 benefitsmessages@miami.edu
LC: 2902 Coral Gables, FL
Coral Gables Campus 33124-2902