

ACKNOWLEDGEMENTS

- 1) We have read and understand the eligibility requirements, employee responsibilities, and tax information described in the *Domestic Partner Benefits Program Eligibility Information* sheet.
- 2) Indiana University has advised us to consult with an attorney regarding the legal consequences of signing this declaration; for example, whether this document can be used by creditors to hold one partner responsible for the debts of the other or whether a partner may use this document as entitlement to division of property acquired during the partnership.
- 3) We waive, release, and indemnify the university from all claims and causes of action that may arise as a result of the university affording benefits to, or certifying domestic partnerships.
- 4) Indiana University's cost for providing domestic-partner benefits and the employee's payroll contribution will generally be taxable income to the employee unless the domestic partner and partner's dependent children are qualified tax dependents of the employee.
- 5) The employee is responsible for notifying Indiana University by submitting a *Termination of a Domestic Partnership* form within 60 days of the date that we no longer meet the eligibility requirements for domestic-partner benefits. We understand that eligibility for domestic-partner benefits ends on the day that we no longer meet the eligibility requirements.
- 6) This affidavit is requested for the purpose of Indiana University making a determination of our eligibility for domestic-partner benefits provided by Indiana University; that this information will be held confidentially, but will be disclosed as needed to arrange benefits with applicable third party administrators or as required by law or a court; and that the university may be required to make the records of this domestic partnership available to the public under the Freedom of Information Act.
- 7) We understand that the university may change benefit coverage and eligibility at any time.

CERTIFICATION

We certify that the forgoing information is true and correct and understand that a false declaration of a domestic partnership or failure to file a timely notice of *Termination of a Domestic Partnership* with University Human Resource Services may result in disciplinary action up to and including termination of employment at Indiana University. We agree that in the event of a false declaration, or the failure to file a *Termination of a Domestic Partnership* form with the university, Indiana University may recover damages from either or both of us for all costs and expenses incurred by the university as a result of that false declaration, including, without being limited to, attorneys' fees incurred by the university to recover such damages.

Employee Signature	Date	Domestic Partner Signature	Date
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NOTARIZATION: STATE OF _____ COUNTY OF _____
_____:

The foregoing affidavit was acknowledged before me this _____ day of _____, 20_____.

By: _____, Notary Public My Commission Expires: _____

FOR UNIVERSITY USE ONLY

Affidavit received and approved by _____ on _____