



WAGNER COLLEGE

DECLARATION OF DOMESTIC PARTNERSHIP

I. DECLARATION:

WE, _____ and _____, each certify and declare that we are
(employee-print name) (domestic partner-print name)
domestic partners in accordance with the following criteria:

II. STATUS

1. We affirm that this domestic partnership began on or about ___/___/___.
2. We are each other's sole domestic partner, and we intend to remain so indefinitely.
3. Neither of us is married to or legally separated from anyone else nor have had another domestic partner within the prior six months.
4. We are both at least eighteen (18) years of age and mentally competent to consent to contract.
5. We are not related by blood to a degree of closeness that would prohibit legal marriage in the state in which we legally reside.
6. We cohabit and reside together in the same residence and intend to do so indefinitely. We have resided in the same household for a least six months.
7. We are engaged in a committed relationship of mutual caring and support and are jointly responsible for our common welfare and living expenses. Our interdependence is demonstrated by a least three of the following (please check appropriate terms):
 - Common ownership of real property (joint deed or mortgage agreement) or a common leasehold interest in property
 - Common ownership of a motor vehicle
 - Driver's license listing a common address
 - Proof of joint bank accounts or credit accounts
 - Proof of designation as the primary beneficiary for life insurance or retirement benefits, or primary beneficiary designation under a partner's will
 - Assignment of a durable property power of attorney or health care power of attorney
8. We are not in this relationship solely for the purpose of obtaining benefits coverage.

III. DEPENDENT CHILDREN OF DOMESTIC PARTNER

We understand that dependent children of _____ (domestic partner- print name) are eligible for coverage when are:

- unmarried,
- primarily dependent on the employee for support,
- living with the employee in a regular parent child relationship, and
- meet the age/school requirements of the plan of benefits.

