

# ROOSEVELT UNIVERSITY

## Office of Human Resources

### STATEMENT OF DOMESTIC PARTNERSHIP

I. Declaration (please print)

We, \_\_\_\_\_ and \_\_\_\_\_  
(employee) (domestic partner)

certify that we are domestic partners in accordance with the following criteria and eligible for benefits coverage as domestic partners under Roosevelt University's benefits program.

Partner's Dependent Children:

Last Name

First Name

Date of Birth

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II. Status

1. We are each other's sole domestic partner, have been for a period of at least six months and intend to remain so indefinitely.
2. Neither one of us is married.
3. We are at least eighteen (18) years old and mentally competent to consent to contract.
4. We are not related by blood to a degree of closeness, which would prohibit legal marriage in the state in which we reside.
5. We reside in the same residence and intend to do so indefinitely.
6. You are jointly responsible for each other's common welfare and share financial obligations. Joint responsibility for each other's common welfare and shared financial obligations may be demonstrated by the existence of three of the following, which you can provide if requested:
  - Domestic partnership agreement,
  - Joint mortgage or lease of residence,
  - Designation of domestic partner as beneficiary of Roosevelt University's group life insurance policy and as a beneficiary for the death benefit payable from the employee's retirement contract,
  - Designation of domestic partner as primary beneficiary in employee's will,
  - Durable property and health care powers of attorney,
  - Joint ownership or least of personal motor vehicle, joint checking or savings account or joint credit account.

