

The University of Iowa
AFFIDAVIT OF DOMESTIC PARTNERSHIP
CONFIDENTIAL

We, _____, and
(Print Name of Employee/Student)

(Print Name of Domestic Partner) certify that

1. We are not married to anyone.
2. We are at least eighteen (18) years of age or older.
3. We are not related by blood closer than would bar marriage in the state of Iowa and are mentally competent to consent to contract.
4. We are each other's sole domestic partner and intend to remain so indefinitely.
5. We agree to support each other during the term of our domestic partner relationship by being jointly responsible for each others necessities, including without limitation, food, clothing, housing and medical care.
6. We either have:
 - A. Significant existing financial interrelationships evidenced by at least two of the following: (1) joint ownership of a home or shared lease of an apartment or home, (2) designation of each other as the beneficiary of any life insurance policy and retirement plan benefits provided by or through our employment, or (3) designation of the partner as the primary beneficiary under each other's will, or (4) a shared checking and/or credit card account, or (5) shared ownership of a vehicle, **or**
 - B. A "relationship contract" obligating us in the event of the termination of our domestic partnership relationship to make a substantially equal division of any property acquired during our domestic partnership relationship, **or**
 - C. A relationship contract that provides for no division or an unequal division of property that would be valid under Iowa Code 596.8 if it were a premarital agreement.

NOTE: Domestic partners relying on B or C should consult an attorney before signing any such contract. Documentation may be required to prove the existence for any of the above mentioned items.
7. We understand that domestic partners are subject to the same window period governing all other individuals who are covered by or applying for benefit plan coverage. Any children, new employment, adoptions, new marriages, and domestic partnerships are all subject to a thirty (30) day limit on the enrollment period beginning on the date of the event.
8. If our domestic partnership relationship terminates, we will notify The University of Iowa Benefits Office within thirty (30) days of the termination of our domestic partnership. A written termination statement shall be provided to The University Benefits Office and shall affirm that the partnership is terminated and that a copy of the termination statement has been mailed to the other partner.
9. We understand that any person, employer, or company who suffers any loss because of false statements contained in an "Affidavit of Domestic Partnership" may bring a civil action against us to recover their losses, including reasonable attorney fees.

10. We provide the information in this affidavit to be used by the University Benefits Office for the sole purpose of determining our eligibility for domestic partnership benefits. We understand that this information will be held confidential and will be subject to disclosure only upon our expressed written authorization or pursuant to a court order.
11. We affirm, under penalty of perjury, that the ascertainties in this affidavit are true to the best of our knowledge.

(Signature of Employee/Student)

(Signature of Domestic Partner)

(Employee/Student's Social Security Number)

(Domestic Partner's Social Security Number)

(Date)

(Date)

(Employee's Date of Birth)

(Domestic Partner's Date of Birth)