



**UWS Affidavit of Domestic Partnership**  
*(Not applicable to health insurance or any ETF-administered benefits)*

<b>For Employer Use Only</b>
Affidavit Effective Date:
Reviewed By:

**Employee Information** (please type or print)

Last Name, First Name, Middle	Date of Birth	Gender (M/F)	Social Security Number
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**Domestic Partner Information** (please type or print)

Last Name, First Name, Middle	Date of Birth	Gender (M/F)	Social Security Number
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**Address of Residence Shared by Both Domestic Partners** (please type or print)

Street Address	City	State	Country	Zip/Postal Code
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**DO NOT USE THIS AFFIDAVIT IF YOU WANT TO ENROLL YOUR DOMESTIC PARTNER IN STATE GROUP HEALTH INSURANCE, STATE GROUP LIFE INSURANCE OR ANY WISCONSIN RETIREMENT SYSTEM-RELATED BENEFITS.**

Have you submitted an Affidavit of Domestic Partnership (ET-2371) to the Department of Employee Trust Funds (ETF) to establish a domestic partnership for benefits administered by ETF (e.g. health insurance, retirement...)?  Yes  No

If yes, you do not need to complete this form because you already created a domestic partnership for benefits purposes. See reverse for benefit enrollment information.

Is your domestic partner employed within UW System?  Yes  No If yes, see reverse for instructions.

**Declaration**

We, the undersigned, declare that we are in a domestic partnership as defined in Wisconsin Statute §40.02(21d). We understand that this affidavit is solely for the purpose of the University of Wisconsin benefit programs that are not administered by the Department of Employee Trust Funds. We hereby certify that our partnership complies with **all** of the following criteria:

1. On the date this document is signed, both of us are legally competent and at least 18 years of age;
2. Neither is legally married to or in a domestic partnership with another person;
3. We are not related by blood in any way that would prohibit marriage under Wisconsin law;
4. We consider ourselves to be members of each other's immediate family;
5. We agree to be responsible for each other's basic living expenses;
6. We share a common residence.

We acknowledge and agree to the terms stated herein and we understand that any misrepresentation may result in loss of benefits and/or repayment of insurance benefits erroneously paid on my domestic partner's behalf. We further understand that if the Insurer suffers any loss due to any false statement contained in this affidavit, it may bring a civil action against either or both of us to recover its losses, including reasonable attorney's fees. The Insurer retains the right to verify, at any time, any and/or all of the information set forth herein. If the domestic partnership terminates, we agree to notify my payroll/benefits office by either filing a notarized Affidavit of Termination of Domestic Partnership (UWS-51) or providing a copy of ETF's Affidavit of Termination of Domestic Partnership (ET-2372).

<p><b>We have read and understand this <i>Affidavit of Domestic Partnership</i>, including the information on the back of this form. We understand that Wis. Stat. §943.395 provides criminal penalties for knowingly making false or fraudulent claims, and hereby certify that, to the best of our knowledge and belief, the information we provided is true and correct.</b></p>			<p align="center"><b><u>Notary Signature and Seal</u></b></p>	
Employee Signature	Date	Day Phone #	<p>State of _____ County of _____</p>	
Domestic Partner Signature	Date	Day Phone #	<p align="center">Signed before me by both parties on            _____            Date (mm/dd/yyyy)</p>	
			<p align="center">_____            Notary Signature</p>	
			<p align="center">_____            My commission is permanent/expires on</p>	

## General Information

### Purpose

This affidavit certifies a domestic partnership ONLY for the purposes of enrolling a domestic partner in benefit plans not administered by the Department of Employee Trust Funds. These plans include: VSP Vision Insurance, Dental Wisconsin, EPIC Benefits+, Individual and Family Life Insurance and Accidental Death & Dismemberment Life Insurance. This form also treats your domestic spouse as a spouse equivalent under all life insurance plans except State Group Life Insurance.

This document does NOT create a domestic partnership for the purpose of benefits authorized by Chapter 40 Wis. Stats. such as Wisconsin Retirement System benefits, State Group Health Insurance, State Group Life Insurance or Wisconsin Deferred Compensation nor does this document create a registered domestic partnership, as authorized by Chapter 770 of Wisconsin State Statutes.

### Instructions

This affidavit should only be used if you have not created a domestic partnership under Chapter 40 of Wisconsin Statutes by submitting an ETF Affidavit of Domestic Partnership (ET-2371) to the Department of Employee Trust Funds. This affidavit does not apply to employee benefits administered by the Department of Employee Trust Funds.

Submit a complete and notarized affidavit to your benefits office to establish your domestic partnership. You may email or fax the affidavit to your benefits office provided the notary seal is clearly visible in the electronic copy; otherwise your affidavit will be rejected. Your benefits office will confirm that your affidavit has been received and is valid by sending you a letter confirming your domestic partnership effective date.

Submit benefit enrollment applications with the affidavit to enroll your domestic partner and domestic partner's dependent children in any desired benefits plans. You must submit all benefit enrollment applications within 30 days of the domestic partnership effective date.

**If your domestic partner is also a UW System employee**, your domestic partner must submit a copy of the letter confirming the UWS domestic partnership to his/her benefits office.

If you previously established a UW System domestic partnership with a different domestic partner, you may not enroll a new domestic partner in any benefit plans until you terminate the previous domestic partnership by submitting a UW System Affidavit of Termination of Domestic Partnership (UWS-51) to your benefits office.

### Domestic Partnership Effective Date

Provided you have not established a Chapter 40 domestic partnership with ETF, the effective date of your domestic partnership for all non-ETF administered benefits will be the date a valid UWS Affidavit of Domestic Partnership (UWS-50) is received by your benefits office. If you later submit the ETF Affidavit of Domestic Partnership Affidavit (ET-2371), it will not create a new enrollment period for your domestic partner to enroll as your dependent in any non-ETF administered benefits.

### Termination of Domestic Partnership

If the domestic partnership terminates, you must notify your benefits office by filing a notarized Affidavit of Termination of Domestic Partnership (UWS-51) or providing a copy of ETF's Affidavit of Termination of Domestic Partnership (ET-2372). An Affidavit of Termination of Domestic Partnership must be filed before a new domestic partnership can be established.