

Affidavit of Domestic Partnership

Employee Name (Last, First, Middle Initial):	
Employee ID:	UW System Institution:

I am submitting this Affidavit of Domestic Partnership (UWS 50) to:

ADD (establish) a domestic partner (review sections A & C below):

REMOVE (terminate) a domestic partner (review sections B & C below): I wish to remove the domestic partner I have on file for the below reason:

I legally married my domestic partner on _____. *If checked, your insurance coverages will remain as is.*
(mm/dd/yyyy)

I am no longer in a relationship that meets the requirements of a domestic partnership as of _____.
(mm/dd/yyyy)

Is your domestic partner (or former domestic partner) employed within UW System? **Yes** **No**. *If yes, please have your domestic partner (or former domestic partner) submit a copy of this form to their human resources office.*

Current OR Former Domestic Partner Name (Last, First, Middle Initial):	Employee ID (if a UW System Employee):	UW System Institution:
Current OR Former Domestic Partner Street Address:	City and State:	Zip Code:

A. Declaration of Establishment of Affidavit of Domestic Partnership

We, the undersigned, declare that we are in a domestic partnership and understand this affidavit is solely for the Individual & Family Life Insurance and Accidental Death & Dismemberment Insurance Plans offered by the UW System. We hereby certify that our partnership complies with **all** 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;
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. It is considered a common residence even if any of the following apply: Only one partner has legal ownership (if ownership is applicable), one or both partners have additional residences not shared with the other partner or one partner leaves the common residence with the intent to return.

We acknowledge and agree to the terms stated herein and 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 the information set forth herein. If the domestic partnership ends, we agree to notify my human resources office by filing a subsequent notarized Affidavit of Domestic Partnership.

To demonstrate our status as domestic partners, and as proof of benefits eligibility as established by my employer, we are willing to provide at least two of the below documents. We understand that copies of these documents are not required at this time, but that the Insurer reserves the right to request copies at any time. ***The two items are circled below.***

- a) Evidence of joint purchase and ownership of a home;
- b) Notarized copy of lease naming both domestic partners;
- c) Evidence of joint savings or joint checking account;
- d) Title and registration of joint ownership of an automobile;
- e) Evidence of joint use and liability for credit cards;

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- f) Notarized copy of the declaration of domestic partnership under Chapter 770, Wis. Stats.
- g) Evidence of durable powers of attorney per §243.07, 243.10, 155.05, and/or 155.10, Wis. Stats.
- h) Last will and testament evidencing that domestic partner is a major recipient of estate proceeds;
- i) Other evidence which depicts significant joint financial interdependency between the employee and domestic partner (describe): _____

General Information

Purpose: To certify a domestic partnership for the purposes of enrolling a domestic partner in the Individual & Family Life Insurance and/or Accidental Death & Dismemberment Insurance Plans. This form establishes your domestic partner as a spouse equivalent under the previously named plans. *This affidavit does not apply to employee benefit plans administered by the Department of Employee Trust Funds.*

Instructions: Submit a complete and notarized Affidavit of Domestic Partnership (UWS 50) to your human resources office establishing your domestic partnership. You may email or fax the affidavit to your human resources office provided the notary seal is clearly visible in the electronic copy; or your affidavit will be rejected. Your human resources office will confirm that your affidavit has been received and determine whether it is valid by sending you the Employer Acknowledgement of Affidavit of Domestic Partnership (UWS 52). This letter will also indicate your domestic partnership effective date for benefit enrollment purposes assuming you also submit benefit application(s) to your human resources office (with the affidavit) to enroll your domestic partner and domestic partner's dependent children (if applicable) within 30 days of the establishment of your domestic partnership.

Effective Date: The *effective* date of coverage is the first of the month on or following the date your human resources office receives a valid Affidavit of Domestic Partnership (UWS 50) AND completed benefit application(s).

Change in Domestic Partner Status: 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 remove the previous domestic partner by submitting an Affidavit of Domestic Partnership (UWS 50) AND completed benefit application(s) to your human resources office. After you remove your previous domestic partner, a subsequent Affidavit of Domestic Partnership (UWS 50) AND benefit application(s) cannot be filed for at least 6 months.

B. Declaration of Termination of Affidavit of Domestic Partnership

I understand that by filing this form that my former domestic partner (and their children if applicable) is no longer eligible for coverage under the Individual & Family Life Insurance and/or Accidental Death & Dismemberment Insurance Plans (unless I am completing this form due to marrying my domestic partner; if this is the case, I understand that my coverage will continue as is). Coverage will end on the date my human resources office receives a valid Affidavit of Domestic Partnership (UWS 50) AND a completed application(s). I understand that both are required to stop my payroll deductions and remove my domestic partner from my benefit plans. If I do not execute both forms timely (within 31 days for Individual & Family Life Insurance and/or 60 days for Accidental Death & Dismemberment Insurance) and pay the first month's premium, conversion rights may be lost.

General Information

Purpose: To certify removing a domestic partner as attested to by the Affidavit of Domestic Partnership (UWS 50).

Instructions: Either party may submit a complete and notarized affidavit to your human resources office to terminate a domestic partnership. Furthermore, only one party needs to sign the affidavit in the presence of a notary. You may email or fax the affidavit to your human resources office provided the notary seal is clearly visible in the electronic copy; or your affidavit will be rejected. Your human resources office will confirm that your affidavit has been received and determine whether it is valid by sending you the Employer Acknowledgement of Affidavit of Domestic Partnership (UWS 52). Incomplete affidavits will be returned to you. Failure to properly complete this form may result in the affidavit being rejected as invalid and the domestic partnership will remain in force until a valid affidavit is received. Finally, submit completed benefit application(s) with the affidavit to your human resources office within 30 days of the domestic

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partnership termination date to remove your domestic partner and domestic partner's dependent children (if applicable) from your plan(s). The termination of this domestic partnership is irrevocable upon receipt of the affidavit by your human resources office.

Conversion Rights: A domestic partner and his/her dependent children may be eligible for conversion rights after the domestic partnership terminates provided you notify your human resources office, complete the benefit application(s) timely (within 31 days for Individual & Family Life Insurance and/or 60 days for Accidental Death & Dismemberment Insurance) and pay the first month's premium.

Beneficiary Designations: The Affidavit of Domestic Partnership form (UWS 50) does not invalidate a written beneficiary designation. If you named your domestic partner as a beneficiary under any benefit program (e.g. life insurance plan, retirement plan, health savings account), the designation(s) will remain in force until you submit revised beneficiary designation(s).

C. Notary Signature and Seal

We have read and understand this Affidavit of Domestic Partnership (UWS 50), including all information on this form. We understand that §943.395 Wis. Stat. 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.

Employee Signature:	<p style="text-align: center;"><u>Notary Signature and Seal</u></p> <p>State of _____ County of _____</p> <p style="text-align: center;">Signed before me by both parties (or one if terminating) on</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">Date (mm/dd/yyyy)</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">Notary Signature</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">My commission is permanent/expires on</p>
Date:	
Current OR Former Domestic Partner Signature (only one signature necessary IF terminating domestic partnership):	
Date:	
Phone #:	

Completed by Institution Human Resources:

Received Date:	Received By:
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Place copy of Affidavit and Acknowledgement in employee's benefit file after acknowledgement is sent.