

Rider University  
STATEMENT OF DOMESTIC PARTNERSHIP

We, \_\_\_\_\_ and \_\_\_\_\_, hereby certify that we are domestic partners in accordance with the following criteria:  
*(Print name of employee.)* *(Print name of domestic partner.)*

- (1) We have an exclusive mutual commitment, similar to that of marriage, and are each other's sole domestic partner, intending to remain so indefinitely.
- (2) Neither of us is legally married.
- (3) Each of us is at least eighteen (18) years of age and is legally competent to enter into a contract.
- (4) We are currently residing together and have resided together in a common household for at least six (6) consecutive months and intend to reside together indefinitely.
- (5) We share joint responsibility for our common welfare, living expenses, and financial obligations. Such joint responsibility may be evidenced by the existence of at least two of the following. We have circled the types of tangible evidence that characterizes our mutual commitment:
  - (a) Joint deed, mortgage, or lease;
  - (b) Joint bank account;
  - (c) Joint credit card or loan agreement;
  - (d) Designation of domestic partner as primary beneficiary for life insurance policy;
  - (e) Designation of domestic partner as primary beneficiary of retirement account;
  - (f) Designation of domestic partner as primary beneficiary in will.

We hereby undertake and agree to notify the Rider University Office of Human Resources if our status as domestic partners as certified and acknowledged in this Statement, terminates. In such a case, we will notify the University within thirty (30) days of termination by filing a "Statement of Termination of Domestic Partnership." Eligibility for benefits will end on the last day of the month in which the domestic partnership ends. After submitting a Statement of Termination, I, \_\_\_\_\_ understand that a subsequent "Statement of Domestic Partnership" cannot be filed until the expiration of a six-month period following the University's receipt of a Statement of Termination. *(Print name of employee.)*

By signing this Statement, the undersigned declare and acknowledge their understanding that:

1. Domestic partners are subject to the same plan provisions as those which govern spouses of eligible participants of the plan. The plan documents govern all questions of coverage.
2. The University has no legal obligation to offer COBRA continuation rights to domestic partners and their children.
3. The Internal Revenue Service may treat as imputed income to me the value of the medical coverage and other benefits provided to my domestic partner and his/her children, less any contribution paid by me for this coverage. Rider University does not assume any responsibility for any tax obligation that might result for me or for my domestic partner by reason of my submitting this Statement.
4. We have provided the information in this Statement, knowing that Rider University will be relying on the acknowledgments made in this Statement and will be granting certain benefits to us based on such reliance. We understand that making any false or misleading declarations in this Statement or failing to notify the University of the termination of our domestic partnership may lead to disciplinary action by the University.
5. We understand that the University may change its rules on domestic partners or any of its benefit programs and also, in accordance with negotiations with the AAUP.
6. We affirm under penalty of perjury that the statements and declarations made herein are true and correct to the best of our knowledge.

University Employee's signature:

Domestic Partner's Signature:

\_\_\_\_\_  
*(print name)*

\_\_\_\_\_  
*(print name)*

\_\_\_\_\_  
*(Social Security Number)*

\_\_\_\_\_  
*(Date)*

\_\_\_\_\_  
*(Social Security Number)*

\_\_\_\_\_  
*(Date)*