

## MISSOURI STATE UNIVERSITY DOMESTIC PARTNER AFFIDAVIT

I, \_\_\_\_\_, affirm and state as follows:  
*Employee (print)*

1. My Domestic Partner and I
  - a. Are at least 18 years old and mentally competent to consent to this contract;
  - b. Have shared the same principal residence and the common necessities of life for at least the previous twelve (12) months;
  - c. Are not related by blood to a degree of closeness that would prohibit legal marriage in the State of Missouri or our state of residence; and
  - d. Have had a single dedicated relationship with each other for at least twelve (12) months.
2. My Domestic Partner is not a renter, boarder or tenant.
3. My Domestic partner and I are each other's sole domestic partner. As such, we are jointly responsible for each other's common welfare and shared financial obligations which may be demonstrated by the existence of three of the following. I have circled below the types of documentation that can be provided upon request:
  - a. Domestic Partner Agreement
  - b. Joint mortgage or lease
  - c. Designation of Domestic Partner as beneficiary for life insurance, or of employee as beneficiary on Domestic partner's life insurance
  - d. Designation of Domestic partner as beneficiary for retirement contract, or of employee as beneficiary for Domestic Partner's retirement contract
  - e. Designation of Domestic Partner as primary beneficiary in employee's will, or of employee in Domestic Partner's will
  - f. Durable property and health care powers of attorney on each other
  - g. Joint ownership of motor vehicle
  - h. Joint checking account
  - i. Joint credit account
4. I understand that both the University's cost and my cost of providing Domestic Partner benefits is considered taxable income by the IRS and will accordingly be reflected in my pay. I understand that I should consult a tax advisor for additional information regarding my individual tax liability.
5. I agree to notify the Office of Human Resources if there is any change in our status as Domestic Partners as certified in this statement. I will notify Human Resources within thirty (30) days of such change by filing a statement of Termination of Domestic Partner which will make the Domestic Partner no longer eligible for University Domestic benefits. The statement of Termination shall affirm that the Domestic Partner status is terminated as of its date of execution

and that a copy of the statement of Termination has been provided to the other partner by the party authorizing such action.

6. I understand that any false or misleading statements made to receive benefits for which we do not qualify may subject me to disciplinary action.

7. I have provided the information in this statement for the sole purpose of determining eligibility for Missouri State University Domestic Partner benefits. I understand that this information will be held confidential insofar as the law allows.

8. I acknowledge the University's advice that I consult with a legal and/or tax advisor before signing this document.

I affirm that the foregoing information is true and correct.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Employee M#: \_\_\_\_\_

Employing Department: \_\_\_\_\_

Employee's Home Address: \_\_\_\_\_

STATE OF \_\_\_\_\_ )  
 )ss  
COUNTY OF \_\_\_\_\_ )

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
*Notary Public*

My Commission Expires:  
\_\_\_\_\_

(SEAL)