



The University of Georgia
Human Resources

Declaration of Domestic Partnership

Office use only	
Rec'd	_____
F/E/S ver	_____
Docs rec'd	_____
UGAC email	_____
F/E/S email	_____
Log	_____
MyBen (if applicable)	_____

Name of <input type="checkbox"/> UGA faculty/staff member <input type="checkbox"/> UGA student (check one)

Last First MI

Name of partner <input type="checkbox"/> UGA faculty/staff <input type="checkbox"/> UGA student <input type="checkbox"/> Neither (check one)

Last First MI

By our signatures on page 2, we each certify and declare we are each other's sole domestic partner as described below.

A domestic partner relationship is one with a partner of the same or opposite sex which meets the criteria as described in this affidavit.

Benefits-eligible employees may elect to enroll their domestic partners in the benefit plans listed below **IF the employee is covered by the plan:**

- Dental insurance
- Vision insurance
- Life insurance
- Accidental death & dismemberment insurance

Benefits coverage and campus services are provided to unmarried domestic partners under the following conditions:

1. Employees must be a participant in the benefits plan(s) in which they wish to enroll at their domestic partners.
2. Employees must complete a UGA "Declaration of Domestic Partnership" (this form) in which the parties must swear that they reside together, that neither party is related by blood or marriage to a degree of closeness that would prohibit legal marriage in the state in which they reside, and that they are at least 18 years old; and
3. **To substantiate the existence of such a relationship, employees are required to submit a copy of a current domestic partner registration certificate of any state or local government agency, a qualifying domestic partnership agreement*, or any two (2) of the following:**

- Copy of joint deed, lease, or mortgage
- Copy of joint bank account
- Copy of joint credit cards or bills
- Copy of designation of partner as life insurance primary beneficiary
- Copy of durable power of attorney or health care proxy given to the partner
- Copy of last will and testament designating partner as primary beneficiary
- Copy of designation of partner as retirement plan primary beneficiary
- Copy of co-parenting agreement
- Copy of adoption agreement
- Copy of joint ownership of a motor vehicle

<p>* A qualifying domestic partnership agreement is a legally binding agreement between two individuals creating personal and financial interdependence (i.e., joint and several liabilities for each other's debts and expenses, responsibility for mutual care, etc.)</p>

Acknowledgements by the partners:

1. We understand that a civil action may be brought against one or both of us for any losses (including attorney's fees and costs) due to any false statement contained in this Declaration or for failure to notify the University of Georgia of changed circumstances as required in the "Termination" section on page 2. The undersigned faculty/staff/student further understands that falsification of information in this Declaration or failure to notify the University of Georgia of changed circumstances as described below may lead to disciplinary action, including discharge from employment (for faculty/staff) or suspension or expulsion (for students).
2. We have provided information in this Declaration for use by the University of Georgia for the sole purpose of determining our eligibility for certain UGA services. We understand and agree the University of Georgia is not legally required to extend such services to domestic partners and the University of Georgia may change or terminate these services in its discretion without consent of any faculty or staff member, student, or groups of faculty or staff members or students.
3. We understand the information provided in this Declaration will be treated as confidential by the University of Georgia but will be subject to disclosure upon the express written authorization of the undersigned individuals or if otherwise required by law.
4. We understand this Declaration may have legal implication relating, for example, to our ownership of property. We understand that before signing this Declaration we should seek competent legal and tax advice concerning such matters. We acknowledge that the University of Georgia has provided us with no advice in this regard.



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Process for termination of domestic partnership

If there is any change in the domestic partnership status that makes this Declaration invalid or erroneous, the UGA faculty/staff/student must submit to the University of Georgia a written Termination of Domestic Partnership form (see link below). The UGA faculty/staff/student shall provide such written notice within thirty (30) days of such a change. The UGA faculty/staff/student understands that another Declaration of Domestic Partnership may not be filed until 90 days after the date the relationship ends as indicated on the Termination of Domestic Partnership.

The faculty/staff/student understands that termination of services obtained as a result of this Termination will be effective on the last day of the month during which the domestic partnership ends. Receipt by the University of Georgia of a Termination of Domestic Partnership form from either partner shall be deemed conclusive evidence of the termination of the domestic partnership status for purposes of these benefits or services. In the event more than one such Termination of Domestic Partnership is provided with conflicting dates of termination of domestic partnership, the University of Georgia shall rely on the document with the earlier date.

Termination of Domestic Partnership form located at: http://www.busfin.uga.edu/forms/dp_termination.pdf

We affirm, under penalty of perjury, the statements in this Declaration are true and correct and we agree to the terms therein.

UGA faculty/staff/student signature _____ Date _____ Domestic partner signature _____ Date _____

UGA faculty/staff/student printed name _____ Date of birth _____ Domestic partner printed name _____ Date of birth _____

UGA faculty/staff/student complete home address _____ Domestic partner complete home address _____

UGA faculty/staff employee ID# (81x) _____

UGA faculty/staff/student email address or phone (REQUIRED) _____

- ✓ Send to UGA Human Resources:
1. this Declaration of Domestic Partnership form --AND--
2. all required documentation supporting the relationship

If you are applying for SERVICES:
After receiving the documentation above, Human Resources will contact the faculty/staff/student the next business day via email to communicate the next steps in accessing campus services.
Please wait for the email communication from HR before attempting to obtain services.

If you are applying for BENEFITS:
The benefits-eligible faculty/staff member should use the MyBenefits@UGA system to enroll his/her domestic partner in the desired benefits plans.
MyBenefits@UGA system: www.uga.bswift.com
Remember, the domestic partner is eligible to be covered under the specified plans only if the employee is covered by the plan. Eligible plans are listed on page one of this form.

UGA faculty/staff/students, mail or deliver this completed, signed form to: University of Georgia Employee Benefits Human Resources Bldg. 215 S. Jackson St. Athens, GA 30602