

Declaration of Domestic Partnership

Declaration of Domestic Partner Status

We, _____, employee, and _____, domestic partner, each certify and declare that we are each other's sole domestic partner as set out below.

We are both at least eighteen (18) years old and mentally competent to consent to a civil contract; and

We are not acting under force or duress; and

Neither of us is married to or legally separated from any other person and neither of us is engaged in another domestic partnership; and

We are not related by blood or marriage to a degree of closeness that would prohibit legal marriage in the state in which we reside; and

We are engaged in a committed relationship of mutual caring and support and are jointly responsible for our common welfare; and either

We are jointly responsible for our assets and debts as provided by applicable law; or

We have executed a written agreement or civil contract, which defines our domestic partnership and our liabilities with respect to our assets and debts.

Termination of Domestic Partnership

The employee has an obligation to ensure that the Human Resources Department of Georgia Institute of Technology receives a written Declaration of Termination of Domestic Partnership, if there is any change in the domestic partnership status that makes this Declaration invalid or erroneous. Notice shall be provided to the Department within thirty (30) days of such change.

The employee understands that termination of benefits coverage obtained as a result of this Declaration will be effective on the last day of the month during which the domestic partnership ends or at such time as coverage terminates in accordance with the terms and conditions of applicable policies. Receipt by Georgia Institute of Technology of a Declaration of Termination of Domestic Partnership from either partner shall be deemed conclusive evidence of the termination of the domestic partnership status for purposes of this benefit. In the event that more than one such Declaration of Termination of Domestic Partnership is provided with conflicting dates of termination of domestic partnership, Georgia Institute of Technology shall rely on the document with the earlier date.

(continued)

Declaration of Domestic Partnership (continued)

Acknowledgements

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 Georgia Institute of Technology of changed circumstances as required in Section III, above. The undersigned employee further understands that falsification of information in this Declaration or failure to notify Georgia Institute of Technology of changed circumstances pursuant to Section III, above, may lead to disciplinary action, including discharge from employment.

We have provided information in this Declaration for use by Georgia Institute of Technology for the sole purpose of determining our eligibility for certain health insurance benefits. We understand and agree that Georgia Institute of Technology is not legally required to extend such benefits to domestic partners and that Georgia Institute of Technology may change or terminate these benefits in its discretion without consent of any employee or group of employees.

We understand that the information provided in this Declaration will be treated as confidential by Georgia Institute of Technology but will be subject to disclosure upon the express written authorization of the undersigned employees or if otherwise required by law.

We understand that this Declaration may have legal implication relating, for example, to our ownership of property or to taxability of benefits provided. We understand that before signing this Declaration we should seek competent legal and tax advice concerning such matters. We acknowledge that Georgia Institute of Technology has provided us with no advice in this regard.

We affirm, under penalty of perjury, that the statements in this Declaration are true and correct.

_____	__/__/__	__/__/__
Employee	Date of birth	Date
Printed name: _____		
Address: _____		

_____	__/__/__	__/__/__
Domestic Partner	Date of birth	Date
Printed name: _____		
Address: _____		

To: Benefits Office

Fax Number: 404-894-6978

Subject: BuzzCard Application

EMPLOYEE INFORMATION

Name: _____
Last Name First Name Middle Initial

Employee ID: _____

Gender: Male or Female

E-mail Address: _____

Phone Number: () _____

DOMESTIC PARTNER INFORMATION

Name: _____
Last Name First Name Middle Initial

SS#: _____ - _____ - _____

Gender: Male or Female

Birth Date: _____/_____/19____